(VRA 15, 4)

050040	PR	STATE OF MARYLAND  REGISTRAR Hyndman, PA 15545  CERTIFICATE OF DEATH  REGISTRAR REGISTRAR REGISTRAR HYNDMAN, PA 15545  CERTIFICATE OF DEATH  REGISTRAR
9		DECEASED NAME FIRST MIDDLE LAST DECEASED NAME FIRST MIDDLE LAST DECEASED NAME FIRST MONTH DAY YEAR 26 HOUR APRIL 2, 19878 9:35P M
ge 4 mo	f	Male   4 RACE   5. DATE OF BIRTH   6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER 24 HRS   MONTHS DATS HOURS MIN.   MONTHS DATS HOURS MIN.   MONTHS DATS HOURS MIN.
0	15	BIRTHPLACE (STATE OR FOREIGN USA USA USA NEVER MARRIED & NEVER
8	4	City or town of Death Cumberland  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Cumberland  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL (IMPEDIATION CONTROL OF WORKING LIFE)  112. NAME OF HOSPITAL (IMPEDIATION CONTROL OF WORK HOME)  112. NAME OF HOSPITAL (IMPEDIATION CONTROL OF WORK HOME)  112. NAME OF HOSPITAL (IMPEDIATION CONTROL OF WORK HOME)  112. NAME OF HOSPITAL (IMPEDIATION CONTROL OF WORK HOME)  112. NAME OF HOSPITAL (IMPEDIATION CONTROL OF WORK HOME)  112. NAME OF HOSPITAL (IMPEDIATION CONTROL OF WORK HOME)  112. NAME OF HOSPITAL (IMPEDIATION CONTROL OF WORK HOME)  112. NAME OF HOSPITAL (IMPEDIATION CONTROL OF WORK HOME)  112. NAME OF HOSPITAL (IMPEDIATION CONTROL OF WORK HOME)  112. NAME OF HOSPITAL (IMPEDIATION CONTROL OF WORK HOME)  112. N
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MARYL ed within ond 2 pt	18	Ross E. Albright Pearl E. Shroyer
MORE, Poper 1	Second Second	WAS DECEASED EVER IN U.S. ARMED FORCES? 16th SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Buffalo Mills, PA (VES. NO OR UNKNOWN) NO 217101491 Loretta I. Albright, RD 1, Box 165
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALL  3 HOSPITAL OR ATTENDING PHYSICIAN. The lost requirement the death certificate rained by the heapinal or othersing physician.  5 FUNEAL DIRECTOR. After the certificate has been lighed by the directing physician looking the detected for use on the burnal transmitting person. Then present my over carbon papers in the State Dept. of Health and Memol Hygiene price. Objusticial confidence in removal.	Appet a frem 2.1 is more as of nem in subset into a province of the common frounds are not a subset of the common frounds are not a subset of the common frounds are not a subset of the common from the commo	18 CAUSE OF DEATH :Enter only one couse per line folds, (b), and ic: 18 PART 1. DEATH WAS CAUSED BY: 10 PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE PART 1. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. THE TE
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Burial 04/05/87 24 FUNERAL DIRECTOR Marvey H. Zeigler, Hyndman, PA

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH 20. DATE OF DEATH MO REGISTRAR 26 HOUR 1. DECEASED NAME FIRST MIDDLE MONTH DAY YEAR (TYPE OR PRINT) Jennie 20 87 9:05 PM Arnone

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Durst Funeral Home, Frostburg, Md.

DHMH - 16 60M 7/84

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(VRA 15, 4)

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BOALS FUNERAL HOME STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 111 CHURCH STREET CERTIFICATE OF DEATHS REGISTRAR WESTERNPORT. I. DECEASED NAME 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) HAZEL **ALVERDA** 987 BAKER 7:00P APR TI AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 126 KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife 13e.STREET ADDRESS / ZIP CODE Box 110 Westernport Mu. wilt ADDRESS Keyser w. Va. APPROXIMATE INTERVA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) , 19\_\_\_\_\_, that (I) (we) last and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN FROSTBURG PLAZA, FROSTBURG, MD 21532 231 NAME OF CEMETERY OF CREMATORY SINCLAIR CEM 230. BURIAL, CREMATION, REMOVAL 23b. DATE Mioneral UTOS SWN 4/5/01 Burial westernport Ma 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Divideon Pendaga

DHMH - 16 60M 7/B4 (VRA 15, 4)

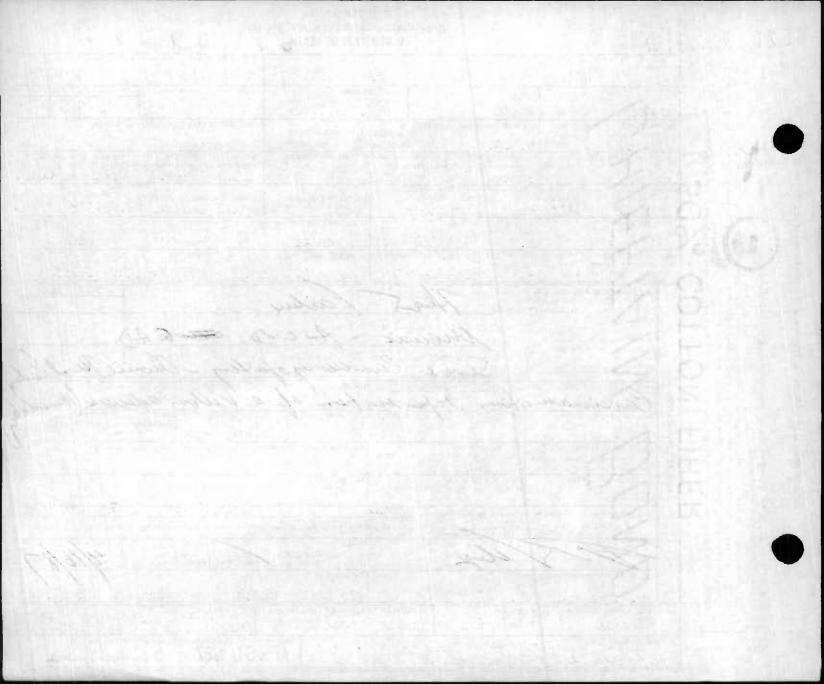
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A STATE OF THE PRE		George	W.	Smith		Annie	WINDLE	Rhod	es
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OR O		226 SIGNATURE	X	/	D	EGREE	Joseph C. 111	27r. DATE 5	NED /
AL AL deto			V M	ye.	11-13	ATTENDING PHYSICIAN [	DIRECTOR   PHYSICIAN	7/	6/8
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to HOSE stand by with the IMPORTA		V.R. Felip	a. M.D.			925 Bishop W	alsh Road-Cumbe	erland, MD	2150
0 g 0 g 4 m 4	23a	BURIAL CREMATION REM	AOVAL 236. DATE			METERY OR CREMATORY	23d. LOCATION		
BP		(SPECBUrial	4-16-	87 Su	inset 1	Iemorial Park	Cumberland-A	llegany-Mo	rulan
		UNERAL DIRECTOR Geo	rae-Unchur	ich Funora	el Home	2. P.A. 250. DA	E REC'D. BY REGISTRAR 256. REC		
DHMH - 16 60M 7/84 (VRA 15, 4)	20	2 Greene Str	io et - Cumbos	Wand MD	2150	2 AP	R 3 0 1987	Division . Ran	dace
		- OILECTIC SO	Leve dunio				(V		



051949

te be executed within 24 hours after

72 hours after o

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then plei with the State Dept. of Health and Mental Hygiene prior to buria

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If hem 21 is marked on hem if the

## CTATE OF MADVIAND FOR - STATE

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	7

		REGISTRAR				CERTIF	ICAIE OF D	EAID /	OREG. K	b. 4 6	i a		
-	In DE	CRASED NAME	FIRST		WIDDLE		LAST		20. DATE OF DEATH	MONIH DAY	YEAR	26 HOU	
0	45		Geor		E	Benr	nett		4/24/8			9:1	0p <sub>M</sub>
	3. SEX			4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BI		INDER I YEAR	HOURS	24 HRS MIN
		Male		whit		2	01	14	73	YRS.	UA13	NOURS	MIN
1	7a. BI	RTHPLACE (STATE OF	R FOREIGN		WHAT COUNTRY?	MARRIE	D NEVERA	ARRIED 🗆	9 BALTIMORE CITY	OR COUNTY OF	DEATH		
1		ARYLAND			JSA	WIDOWE	D DN	ORCED		any Co			MD.
1		TY OR TOWN OF DE			HOSPITAL, NURSING				126 USUAL OCCUPAT		126. KIND O	F BUSINE	SSOR
		Frostburg			ourg Commu		Hospit	3 1	MILITAR			AVY I	DEPT
1	13a. S	AL RESIDENCE (IF NUI TATE MD	ATTE		13c. CITY OR TOWN		13d INSIDE C	TY LIMITS?	13e STREET ADDRESS 166 Depot	Rd 2	1532		
7	-	THER'S NAME					15 MOTHER'S						
Ŋ		GEORGE		AIDDLE	BENNE	ירוייןי	T.	TLLIAN	WIDDLE	T.	ANCAS	RETE	
j		VAS DECEASED EVE	R IN U.S. ARA	AED FORCES?			17 INFORMA		FROSTB			532	
H	()	YES, NO OR UNKNOWN)	DISC	2/1/1	+ 212 18	1407	MRS.	GEOR	GE E. BEN	VETT, 1	66 DE	POT	RD
3		18 CAUSE OF DEA PART I. DEATH V	WAS CAUSED	BY:	er line for (a), (b), and	60	An	Max.	2		BETWEEN	MATE INTERV	DEATH
			IMMEDIATI	E CAUSE (a)	Carro	14	, VC	war v	7		2		
d		Conditions, if any, which (16) Huste Internor Wall Mysicardial											
		gave rise to im	mediate		Just	/ 10	0,000	C	~ jugoc	a carry			_
	1	underlying cous		DUE TO, C	OR AS A CONSEQUE	NCE OF	medica	tion	Al note	tive He	wit i	riskle	ul
i		PART 2. OTHER SIG	NECANT C	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	,,,,,,	
И	NO		Hu	nort	mais								
7	CERTIFICATION	1% DATE OF OPER	ATON/	IM COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	79s. AUTOPSY?	206. IF YES, W	ERE FINDS	IGS USED	
	TIE								VES NO	IN CERTIFYIN	CAUSES	NO [	17
П		21st. ACCIDENT WAS UP	Control of the Contro	TIN TIME O	OF INJURY M. MONTH DA	V VEAD	21r. HOW IN	URY OCCUR	ED I SHIER WATER OF PAR	EV PHILIPPIN TO FART	(OFF#E) 2)		-
	CAL	OR CONTRIBUTING []		The second second	M.	19							
1	MEDICAL	THE INJURY OCCUP			OF INJURY MEL FACTORY OFFICE FA	all the s	ZII LOCATIO	84.	corpora	twin	COUNTY	- 10	att
		AT WORK AT WOLVE	Ohio D	111111111111111111111111111111111111111	MILE PALICAS DIVILE PA	1	0	10	1 1	1-	0.00		
		27s 1 certify that I	t (this hospit	one idea	he decegned from	11/20	KAL	to do	2.10/1/11	CAF 196		hor (i) (w	70.000
		usw the deceo above, (fi (we)	urd oliverby (did) idid roy	view the body	atto deglin.	1 0	id that in (my)	por) opinion o	death occurred on the d	ate and hour ar	nd from the	nuses star	ed
1		17h SIGNATURE	.1	1	. (1)	/ ,	DEGREE	************	/		THE DATE	IGNED	100
		(nas	414	yes	MA	10	WO V		MEDICAL STA	JAN [	410	25 E	11
		21 PHYSICIAN'S		fret.	0		27x ADDRESS		CORPORATE PROPERTY	4.1	0 015	10	1
		Dr. 0.	0h /		200	7/10	48 1	arn lei	rrace, Fros	tourg M	D 215.	34	
		URIAL CREMATION	REMOVAL	ZIb. DATE:	23c.N	AME OF C	EMETERY OR C	REMATORY	11st LOCATION CITY OF TOWN	34	DUNTY		ATE
d		BURIAL	A	4/27	/87 S	. M	ICHAET	IS CE	M FROSTB	775.00	LLEG		MD
4	1)	Tantou 7	11:00	Duers	60 W.	MAIN	ST.	25e DATE	FREC'D. BY REGISTRAR	754 REGISTRAF	5 SIGNATI	IRE	
1	13	OWERS FU	INER AT	HOME	FROST	BUR	G	I AP	R 2 9 1987	Tulia Den	down Z	malale	0

THE YEAR OF THE TAXABLE PROPERTY. Part of the Section o  ending physicion and corbon papers. Pages

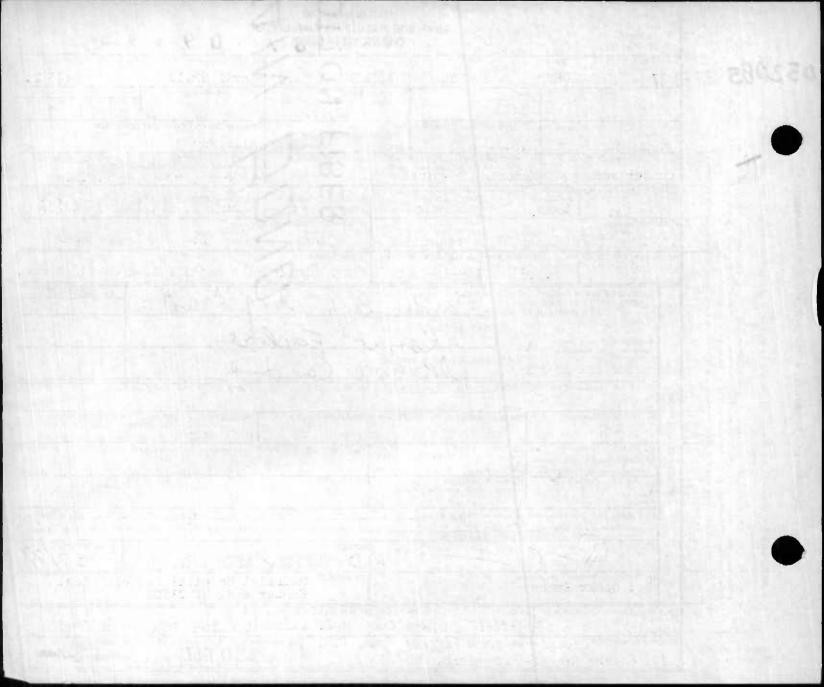
(VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

44	4.5	4	1	
0	REG. NO.	3	7	4
U	REG. NO.	ball	-	

GEORGE EUGENE BENNINGER April 23,1987 8:44  JENNINGER LANGE (STATE OFFICIAL		REGISTRA	R			CERTIF	ICATE OF DEATH	O REG.	VO. 3	1 3		
3. SEX   Male   White   S. Date of Birth   Male   White   White   White   White   Male   White   Male   White   Male   White   Male	111					יי דיי	AST			DAY YEAR	2b HOUR	
Male  White  Magnet 3, 1919  Ja BRITHPIACE (STATICHORDON DE COUNTY OF DEATH  JA BRITHPIACE (STATICHORDON DAY DE COUNTY OF DEATH  JA BRITHPIACE (STATICHORDON DAY DE COUNTY OF DEATH  MARRIED XX NEVER MARRIED DAY NEVER MARRIED DAY NEVER DAY DE COUNTY OF DEATH  ALLE RANGE  JO COUNTY OF DEATH  JA BRITHPIACE (STATICHORDON DAY DE COUNTY OF DEATH  ALLE RANGE DAY	44	1.87	GEURG		EUGENE						8:45	
Make								6. AGE (IN YEARS LAST !				
18. BRITHPLACE (STATE PORCES)   18. CHIZEN OF WHAT COUNTRY?   18. MARRIED   18. MARR		Male		White				67	YRS.			
10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   12a USUAL OCCUPATION   12b NOTES   12b	2/5	COUNTRY)			WHAT COUNTRY?	8 MARRIE	DXX NEVER MARRIED		OR COUNTY	OF DEATH		
Cumberland    Memorial Hospital   State   Memorial Hospita	2				HOSPITAL MIJESIN				TION	125 81510	DE DUICHMECS	
134 STATE   134 COUNTY   134 CITY OR TOWN   134 INSIGE CITY LAWES?   135 SERET ADDRESS / ZIP CODE   267   135 SERET ADDRESS / ZIP CODE   267   136 SERET ADDRESS / ZIP CODE   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   267   2	of the	1		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	ON OTHER HASTMONOR			INDUSTRY P. P	.G.	
Albert Elong Benninger Jenny E. Waugaman  Note of the state of the sta	9	13a. STATE	198 COL	INTY	13c. CITY OR TOW	N		130 STREET ADDRESS	BOX 1	02 18	26753	
No Constitution   Conditions	9/1											
TYES, NOOW UNKNOWN   (# YES GIVE WARD OF DATE)   159-16-3483   Helen Benninger - Address same as #13 all   18 CAUSE OF DEATH Enter only one couse per line by 101, ib), and ic   APPROXIMATE INTERPRET   DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (0)   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR AS A CONSEQUENCE OF   CONDITION STORES   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR AS A CONSEQUENCE	A A	Albe	rt El	roy		0	Jenny			Waug	aman	
Secure   The control of the contro	000									10 as #	13 abo	
PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF  UNDER TO, OR AS A CONSEQUENCE OF	E )	yes	w.	W.11	173-10-3	+02	meter bernary	get naute	5575 75 tan			
OR CONTRIBUTING CAUSE OF DEATH  P.M.  19  21d. INJURY OCCURRED  21d. NOT WHILE AT WORK  22d. Certify that (1) (this hospital) oftended the deceased from sow the deceased alive on obove. (1) (yet Total) (did not) view the body after death  DEGREE  ATTENDING  MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI	ony injury, or other	PART 2. O	THER SIGNIFICANT	(c)CONDITIONS C	AD ONTRIBUTING TO	DEATH BUT		C11/2007/11 10/2	20b. IF YES	, WERE FIND!	NGS USED	
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTEY MEDICAL EXAMINER)  210. INJURY OCCURRED  VAILE AT WORK  VAILE AT WORK  210. INJURY OCCURRED  VAILE AT WORK  VAIL AT WORK  VAILE AT WORK  VAILE AT WORK  VAILE AT WORK  VAILE AT	Š	MIE TIE							YES	S 🗌	NO _	
220.1 certify that (1) (this hospital) attended the deceased from 7 and that in (my) (our) opinion death occurred on the date and hour and from the causes state of the deceased and the deceased from 8 and that in (my) (our) opinion death occurred on the date and hour and from the causes state of the deceased dive on 127b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	18 g	OR CONTROL	UTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	D (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART		RT 2)	
22a   certify that (1) (this hospital) optended the deceased from 1987, and that in (my) (our) opinion death occurred on the date and hour and from the causes stop obove, (1) (me) ridid) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	kedor	AALLIEF	NOT WHILE	21e. PLACE	OF INJURY FREET, FACTORY, OFFICE, F	FARM, ETC )		CITY OR	IOWN	COUNTY	STAT	
Obove, (1) (vertical distance) view the body ofter death.  DEGREE  ATTENDING  MEDICAL  STAFF  PHYSICIAN  DIRECTOR  PHYSICIAN  DIRECTOR  PHYSICIAN	o E	22g L cortii	by that (1) (this has	nital) attended t	he deceased from		10 86	4-23		10 87	that /II /we	
obove, (1) (we'rdid) (did not) view the body ofter death  27b. SIGNATURE  DEGREE  ATTENDING  MEDICAL  STAFF  PHYSICIAN  DIRECTOR  PHYSICIAN	.5					7		death occurred on the	dote and hour	ond from the		
MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 4/27/	E 5	obove	, (1) (we) Idid) (did n	ot) view the body	y ofter death			,				
201 DELYCICIANIC MANE	T. If he	220. 31GN)	CH	Jone	7		ATTENDING	MEDICAL ST DIRECTOR PHYS		4/	27/8	
272d. PHYSICIAN'S NAME (IVPE (PRINTI) Dr. Qamar Zaman 220c. ADDRESS Memorial Hospital Medical/Bldg. Cumberland, MD 21502 230c. BURIAL, CREMATION, REMOVAL 230c. DATE 230c. NAME OF CEMETERY OR CREMATORY 230d LOCATION 230d LOCATION	PORTAN						22e ADDRESS Memor	rial Hospit	al Med 21502	ical/B	ldg.	
230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	2		MATION, REMOVA	L 23b. DATE								
Burial 4-26-87 Restlawn Meml. Gardens Lavale-Allegany-Maryland				4-26-	87 Re	stlan	in Meml. Garden	s Lavale-A	llegani	y-Maryl	land STAT	
24 FUNERAL DIRECTOR GO OHGO - Unchurch Funeral Homm. P.A. 250 DATE REC'D. BY REGISTRAR' 25B, REGISTRAR'S SIGNATURE	7.0.	24 FUNERAL DIR	ECTOR Geana	e-Upchur	ch Funera	al Hom	127. P.A. 250. DAT	E REC'D. BY REGISTRA	R 25b. REGISTI	RAR'S SIGNA	TURE	
202 Greene Street-Cumberland, MD 21502 APR 30 1987 Julia Dividion Rando		202 GH	one Stro	ot-Cumbo	rland MI	0 214	502 A	PR 3 0 1987	Adia	Davidon	Kandae	



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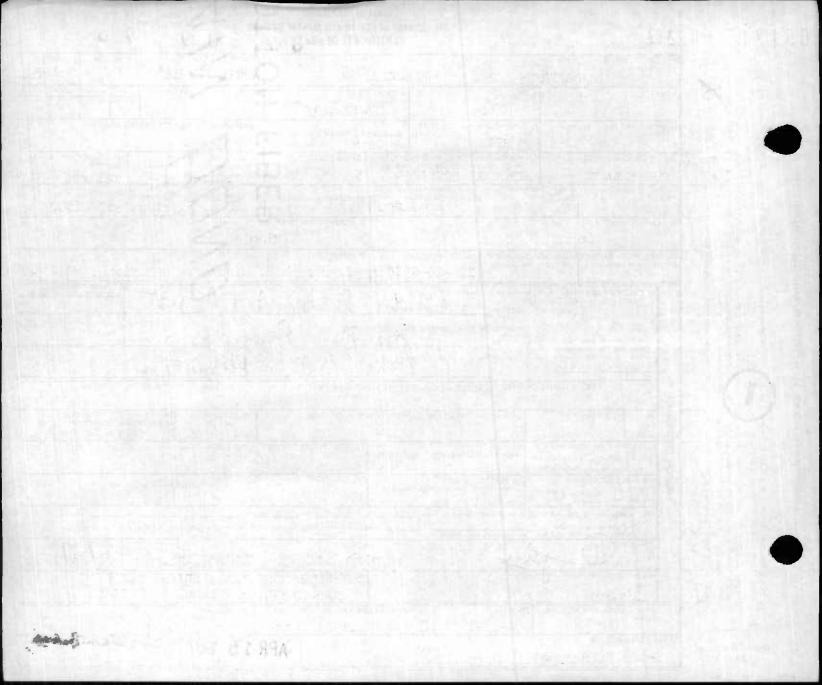
DHMH - 16 60M 7/84

(VRA 15, 4)

## STATE OF MARYLAND

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U	REG NO	or made

2 0	FOR STATE REGISTRAR		DEPARIN		EALTH AND MENTAL HYG	Open So 5	40	
1. DEC	CEASED NAME FIRST	M	IDDLE	Ł	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE	JOSEPH	В	BI.	ACKER	. SR	APRIL 11, 1981	7	3:101
3 SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
	male	white			2-17-1916 YEAR	71	MONTHS DAYS	HOURS /
7n BIS	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	UZ	2-17-1916	9. BALTIMORE CITY OR COU		
	MD	USA	VIIAT COOKINT.		D NEVER MARRIED		NIT OF DEATH	
	TY OR TOWN OF DEATH		OSDITAL MILIDSINI	WIDOWE	DR OTHER INSTITUTION	Allegany	1101 1010	OF BUSINESS
183		(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKI		
	UMBERLAND		L HOSPIT			retired .	rail	road
13a S		OTHER INSTITUTION, CONTY	13c. CITY OR TOW CUMBET	land	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS/ZIP C	Street/	21502
14. FA	ATHER'S NAME	3-17			15. MOTHER'S MAIDEN NA			
		Blacker	EAST		12013	nnie (nmn)	LA	\ST
	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		
(4	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	220-10-8	958	Mr. Joseph E	. Blacker, Cum	berland,	MD - 9
7	Canditions, if ony, which	DUE TO, OR	AS A CONSEQUE	NCE OF	To Pa			
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	(c)	AS A CORSEQUE	m	e Shull a	He menton inal disease or condition	I GIVEN IN PART )	Ia .
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last.	(c) CONDITIONS <u>CO</u>	HZAL	DEATH BUT	NOT RELATED TO THE TERM	THE MENTON INAL DISEASE OR CONDITION  200. AUTOPSY? 206. II	FYES, WERE FINDI PERTIFYING CAUSE YES T	INGS USED
CERTIFIC	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	(c)	NTRIBUTING TO E	DEATH BUT	n was performed	THE MEATON INAL DISEASE OR CONDITION  200 AUTOPSY? 206. II	F YES, WERE FINDI ERTIFYING CAUSE YES []	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	I 96. CONDITIONS CO	NTRIBUTING TO E	OPERATIO  AY YEAR  19	n was performed	INAL DISEASE OR CONDITION  200 AUTOPSY?  YES   NO	F YES, WERE FINDI ERTIFYING CAUSE YES []	INGS USED S OF DEATH?
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Z Z	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK Saw the deceased alive on sow the deceased alive on sow the deceased alive on souther stationary and stationary can be deceased alive on sow the deceased alive on sow the deceased alive on souther stationary can be deceased alive on souther stationary can be deceased alive on souther stationary can be considered to the cause of	(c) CONDITIONS CO	INTRIBUTING TO E  TION FOR WHICH  TINJURY  A. MONTH DA  A.  JE INJURY  ET, FACTORY, OFFICE, F.  deceased from  19	OPERATIO  AY YEAR  19  ARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCURI  21f. LOCATION STREET  , 19	PAR MATON  INAL DISEASE OR CONDITION  200. AUTOPSY?  YES   NO    RED (ENTERNATURE OF INJURY IN ITEM  CITY OR TOWN	F YES, WERE FINDI ERTIFYING CAUSE YES	INGS USED S OF DEATH' NO
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MEDICAL	gove rise to immediate cause (a), sating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DA. (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINES  27a. 1 certify that (1) (this hospi saw the deceased alive on obove, (IP-TWO) (did) (did no 27b. SIGN. 1)	(c) (C	INTRIBUTING TO E  TION FOR WHICH  TINJURY  A. MONTH DA  A.  JE INJURY  ET, FACTORY, OFFICE, F.  deceased from  19	OPERATIO  AY YEAR  19  ARM, ETC.)	216. HOW INJURY OCCURION STREET  216. LOCATION STREET  , 19  and that in (my) (our) opinion of the physician	INAL DISEASE OR CONDITION  200 AUTOPSY?  YES   NO    RED (ENTER NATURE OF INJURY IN ITEN  CITY OR TOWN  ., to    death occurred an the date and  MEDICAL STAFF DIRECTOR   PHYSICIAN    PITAL MEDICAL  PITAL MEDICAL	FYES, WERE FIND CAUSE YES	STAI
MEDICAL	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DA. (IF EITHER, NOTIFY MEDICAL EXAMINE I AT WORK NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE OF DA. (IF EITHER, NOTIFY MEDICAL EXAMINE)  22a. I certify that (I) (this hosping saw the deceased alive on obove, (I)-two) (did) (did not 22b. SIGNATURE)  22d. PHYSICIAN'S NAME (1111)	(c)	INTRIBUTING TO E  TION FOR WHICH  FINJURY A. MONTH DA A.  JF INJURY  deceased fram  19  after death.	OPERATIO  AY YEAR  19  ARM, ETC.)	216. HOW INJURY OCCURI  216. LOCATION STREET  19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN CUMBERLANI	THE MEDICAL DIRECTOR DIRECTOR DATE OF PHYSICIAN DELECTOR DATE OF PHYSICIAN DATE OF P	F YES, WERE FIND CAUSE YES	INGS USED S OF DEATH NO STA
WEDICAL	gove rise to immediate cause (a), sating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DA. (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINES  27a. 1 certify that (1) (this hospi saw the deceased alive on obove, (IP-TWO) (did) (did no 27b. SIGN. 1)	(c)	INTRIBUTING TO E  TION FOR WHICH  TINJURY  A. MONTH DA  A.  OF INJURY  deceased from  19  23c N	OPERATIO  OPERATIO  AY YEAR  19  ARM. ETC.)	216. HOW INJURY OCCURION STREET  216. LOCATION STREET  , 19  and that in (my) (our) opinion of the physician	INAL DISEASE OR CONDITION  200 AUTOPSY?  YES   NO   IN CE  RED (ENTERNATURE OF INJURY IN ITEM  CITY OR TOWN  AMEDICAL STAFF  DIRECTOR   PHYSICIAN    PITAL MEDICAL  MARYLAND  23d LOCATION  123d LOCATION	FYES, WERE FIND CAUSE YES COUNTY  COUNTY  19  hour and from the BUILDIN 21502	STAI



	GEORGI	E UPCHURCH	FUNERAL H	IOMETATE OF MA	RYLAND			
50212 APR 14	FOR GREEN	E STREET	DEPARTM		AND MENTAL HYG	IENE		
00212 MM 14	REGISTRAR CUMBI	ERLAND, MD	21502	CERTIFICATE	OF DEATH	OREG. 9	5. 3 4 /	
	1. DECEASED NAME	FIRST	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
noy be poge 3		OUISE	IRENE	BOND		APR	IL 5, 987	4:00P M
a d	3. SEX	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
s of to	Eemale	White		Feb. 5.	1918	69	YRS.	13 MOOKS MIN.
Pod Pod	To BIRTHPLACE (STATE OR FORE	EIGN 76. CITIZEN OF	WHAT COUNTRY?	8.	EVER MARRIED		R COUNTY OF DEATH	
me orth	Maryland	U.S.A		WIDOWED XX	DIVORCED [	ALLEGANY	COUNTY	MD
303	10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME OR OTHE	RINSTITUTION	12a. USUAL OCCUPATE		D OF BUSINESS OR
5 \$ \$ \$ \$ A	Cumberland	SACR	ED HEART	HOSPITAL		HOmemake		ome.
212	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	IDE CITY LIMITS?	13e.STREET ADDRESS		19999
ND 24		lineral	Ft. Ashbi			Dawn View		26719
ATA THE PARTY AND	FATHER'S NAME	MIDDIE	1. 00		THER'S MAIDEN NAM		V MOCHEO'C / E	0.1.
AAR S	Raleigh	E.	Twigg		Nami	WIDOLE	And	trews
BALTIMORE, MARYLAND cole be executed within 24 yicon and completel fille ppers Pog and Enhance cold it, fre medical	I WAS DECEASED EVER IN		166 SOCIAL SECU	RITY NO. 17 INFO	TNAMS	ADDRE	ss 14704 Mai	
Woo go a	(YES, NO OR UNKNOWN) (	IF YES, GIVE WAR OR DATES)	21824816	0 Jud	ith Aldric	tge	Cresaptou	on. MD
ALTI	18 CAUSE OF DEATH	Enter only one couse pe	r line for (a), (b), and					ROXIMATE INTERVAL
	PART I. DEATH WAS	CAUSED BY:		ogeni	sho	ck		
N Sing	IN		OR AS A CONSEQUE					
STO frenc frenc fon, i	Conditions, if any, w		0	to M	uncard	lial Int	arction	
W. PRESTON ST., or the death certification of the attending of the attendi	gave rise to immed	diate	R AS A CONSEQUE		30			
by the control of the	underlying couse		M AS A CONSEGUE	INCE OF				
ned pled y, or y, or	PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART	lio
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low require offer this certificate has been sign as the buriol-tronsit permit. Then th and Mental Hygiene prior to bu orked at Hern I 8 sfows any injury	NO							
bee ony	190. DATE OF OPERATIO	IN IN COND	ITION FOR WHICH	OPERATION WAS I	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	
ALR ion.	RTIFI		I CE ATO			YES NO	YES 🗌	NO 🗆
VITA Nysicii Tronsi Hygi	218. ACCIDENT WAS UNDER	110110 4	OF INJURY .M. MONTH DA	Y YEAR 21c HC	DW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TOR PART	2)
SICIA SICIA SICIA Certif riol-tr entol	OR CONTRIBUTING CAU	ISC OF DEATH	.M.	19				
DHYS ndin his of Made	(IF EITHER, NOTIFY MEDICAL 21d. IN JURY OCCURRED	LAT HOME ST	OF INJURY		CATION STREET	CITY OR TO	wn COUNTY	STATE
Visite of the state of the stat	WHILE NOT WHILE							
VDIN VDIN VDIN VDIN VDIN VDIN VDIN VDIN	22a.1 certify that (1) (th		he deceased from	87 and that it	19_87	10_4-5	19.87	_, that (I) (we) last
TTE porto for of H	sow the deceased above, (I) (we) (did	olive on		0 / and that it	(my) (our) opinion o	death accurred on the de		
DR A hos bired	22b. SIGNATURE	1-11		DEGREE	ATTENIONIC	ALEDICAL STAT		ATE SIGNED
1 P P P P P P P P P P P P P P P P P P P	84	- taes		M-D	PHYSICIAN	MEDICAL STAF	IAN   4-	-5-87
TA S S A T	22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)			DDRESS			
D	DR. R. F	ADL		92	1 SETON DR	IVE, CUMBER	LAND, MD 2	1502
CARTION	23a. BURIAL, CREMATION, RE	MOVAL 236. DATE	23c N	AME OF CEMETER	Y OR CREMATORY	23d LOCATION	COUNTY	STATE
19 9BP 9	Burial	4-8-8	7 Re	stlawn Me	ml. Garddn	s Lavale-Al	legany-Mari	uland
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR GO		ch Funera	l Home, F	.A. 250. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	VATURE
(VRA 15, 4)	202 Greene S	treet-Cumbe	rland. MD	21502	A	PR 141987	y wasder	V. Kondans

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MIRIL S. SOT A: DOP

SACRED TRANSFERENCE

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OF STON DAVE, CHURENAND, NO CLEON

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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UREG. NO.	-40	- 9	- 6

1	1,	FOR STATE REGISTRAR			DEPARTA		EALTH AND ME	and the same	ENE (	39	3 9	9	
1	I DE	CEASED NAME	FIRST		MIDDLE	Į.	AS1	-	2a. DATE OF	DEATH	MONTH DA	Y YEAR	26 HOUR
		OR PRINT)	RAYMON	/ID	ALVIN		BRODE J	R.	April				8:15 A <sub>M</sub>
	3. SE	Х		4 RACE		5. DATE C		YEAD	6 AGE (IN YE	ARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
		Male		Whit		Jun		30	50		YRS.		HOURS MIN.
7		RTHPLACE (STATE O	R FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	MARRIE1	NEVER MA	RRIED 🗆		_	R COUNTY C	OF DEATH	
		Michigan		U.S.	Α.	WIDOWE	DI DIVO	RCED 🗌	Allega				MD.
K	10 CI	TY OR TOWN OF D	EATH		HOSPITAL, NURSIN		R OTHER INSTITU	ITION	12a. USUAL C		ION OF WORKING LIFE)	12b. KIND C	OF BUSINESS OR
1		nberland		Memori	al Hospit	al			Mu	sici	an	Ban	
	13a. S	AL RESIDENCE (# NU STATE aryland	13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Cumber	N I	138. INSIDE CITY YES A. N	LIMITS?	13e.SIREEL A	DDRESS	rst S	t., 2	1502
/	14. FA	Raymon		AIDDLE	Brode S	r	IS. MOTHER'S M	seph		MIDDLE	L	aurie	51
,		VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT			ADDR			
	(	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218-24-	8072	Willi	am Bi	rode,	La	Vale,		
		18 CAUSE OF DEA PART I. DEATH		y one cause per DBY: E CAUSE (o)	HEPAT	10	FAILL	IRE		Œ,		BETWEEN	ONSET AND DEATH
		Canditions, if an gove rise to it cause (a), statunderlying cau	nmediate ting the se last.	(b)	R AS A CONSEQUE	ocic foci						N IN PART 1:	
	Z O				HUPT	RTI	EN5101						
T	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO			20a AUTO	PSY?			NGS USED S OF DEATH?
7		210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEA	10	DF INJURY M. MONTH DA	AY YEAR	21c HOW INJUI	RY OCCURR		-			
H	MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET			CITY OR TO	)WN	COUNTY	STATE
		,		ol) ottended th	ne deceosed from_	, ar	d that in (my) (ou	19 r) apinian d	, to	d an the d			that (I) (we) last causes stated
i		226. SIGNATURE	Tata) (olo noi	I view the body	Offer deoffi.		DEGREE ATTI	ENDING (SICIAN	MEDICAL DIRECTOR	STA PHYSIC	FF CIAN [	22¢ DATE	SIGNED
1		Dr. H.	(	000	100	le,	22e ADDRESS		ial Hos			cal Bl	dg.
		BURIAL, CREMATION		Apr.1	3487 Fr	ostb	emetery or cre	MATORY Pk	• Fro	stbu	rg, A	llega	ny, Md.
	24. FU	JNERAL DIRECTOR NAME Durst	Funer	4-6-	nê, Fros			25a. DA	PRO18YB	1987	256 REGISTR	ARS SIGNA	Candala

DHMH - 16 60M 7/84 (VRA 15, 4)

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pure Purent Lone, Prostburg, Md.

APR 1	- 5	OR.,				H AND MENTAL		9 5	0 0	
	DĒĆ	EGISTRAR EASED NAME FI OR PRINT) Richard	RST	middle ague	Bude	CERTIFICATE LAST	2a. D.	REG. NO ATE KNOWN [3 OF ESTI- ATH MATED [	0. J MONTH 1	7 1987 554
4 N	sex	e White THPLACE (STATE OR	Jan. 5	TH YEAR LAS	1.	HS DAYS HOURS	1	OUNCED DEAD	MONTH 9	1987 5159,
40	hi	IGN COUNTRY)	U.S.A.	OSPITAL, NURSING	WIDOV		RCED   A	LIMORE CITY OF		M
10	um	berland RESIDENCE (IF IN NURSING	Sacred	Heart Ho	spital	LK NOTHOTION	Mgr. Co	impliance	2	Springfield
13 M	o. ST.	ATE II3b (	Clegany	Cumber	OWN	13d. INSIDE CITY LIMITS? YES NO X	314 St	inset Dr	. 2150	02
C	chr.	istopher AS DECEASED EVER IN U.	MIDDLE T.	Budd LAST	CURITY NO	15. MOTHER'S MAII Grace 17. INFORMANT	DEIN NAME	ADDRESS	Hugue	elet
	ye.	(IF YE	S, GIVE WAR OR DATES)	298-01-	6848	Frances Elizabet	h Budd	Same as		DOVE  APPROXIMATE INTERVAL
	_	gave rise to imme cause (a) stating the u lying cause lost.  PART 2 OTHER SIGNIFICANT COND	DUE TO, (c)	OR AS A CONSEQU		SE OR CONDITION GIVEN IN	PART 1 (a).			
	TIFIC	190 DATE OF OPERATION		DITION FOR WHICH						20 AUTOPSY? YES NO
	NCAL DICAL	210. EXTERNAL CAUSE WILL UNDERLYING OR CONTRIBUTING CAUSE 210. INJURY OCCURRED	E OF DEATH F	OF INJURY  L.M. MONTH DAY  .M.  E OF INJURY (ATH	YEAR	OW INJURY OCCURI	RED LENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	)
	ME	WHILE NOT WHILE AT WORK	E STREET, P	ACTORY, FARM, ETC.)		STREET		OR TOWN	COUNTY	Y STATE
7 230			Notural couses ,	Accident ,	d on Autop Suicide	Hamicide TITLE (SPECIFY) Deputy	Undetermine	d manner .	DATE	4-10-87
7			iancisco Re			ADDRESS 900			, MD	21502
	(SPI	RIAL, CREMATION, REMOVE SERVI Burial	04-12-8	7 Sunse	et Memor	ial Park	23d. LOCATION CUMBE	rland A	llegan	
24	2	NERAL DIRECTORGEON 02 Greene St	ge-Upchwrc Cumberla	hs Funeral nd, MD 2	Home, 7 1502	.A. 156, DAT	PR 1 5 10	STRAR 236. REG	ISTRAR'S SIGN	
							/9/	Jaca	Mandies	n. Kandage

STATE OF MADVIAND

1.	FOR STATE REGISTRAR			DEPART		ICATE OF E		GIENE	RQ. NO	9	0	0 1	
I DE	GEASED NAME	FIRST	. A	AIDDLE	ı	AST		20. DATE OF I	DEATH	HINOM	DAY	YEAR	26 HOUR
	Н	ONORA	CE	CELIA	BURK	KEY				04	22	87	1134A M
3. SE	x		4 RACE		5. DATE C		WE 4.0	6. AGE (IN YE	ARS LAST BIRT	HDAY)	MONT	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
F	EMALE		whit	e	10	24	99		87	YRS		DATS	I HOURS MINE
	RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER /	MARRIED D	9. BALTIMOR	egan				MD
	MBERLAND	ATH	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET I AL HOSP I	ADDRESS)	OR OTHER INS	TITUTION	120. USUAL O (TYPE OF WORK) HOUSE	CCUPATION MOST OF	NC	1:	26 KIND C	of Business or In home
	AL RESIDENCE (IF NURS STATE MD	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumber1	N	13d. INSIDE C	ITY LIMITS?	13e.STREET AL	DDRESS /	ZIP CO	ope Aver	nue/2	1502
14. FA	ATHER'S NAME FIRST	Edw	ard Winr	ner		15. MOTHER'S	S MAIDEN NA	rgaret	E. MI	ulla	ney	LAS	ST
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166. SOCIAL SECU 217-54-6		17. INFORMA Margai		Hast, F	ayet	ss tevi	lle,	, NC	-daughte
	PART I. DEATH W  Conditions, if any, gove rise to imm cause (a), stating underlying cause	MAS CAUSEL IMMEDIAT which nediate ig the	DUE TO, OF	RAS A CONSEQUE	lun NGO OF Clerk	tre 1	ust few t	Dreu	1			DEIWEEN	imaté intérval Onset and déath
MEDICAL CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF OPERA	TA	act w	PONTRIBUTING TO I	u	in	back.	200 AUTOF		20b. IF	YES, WE	RE FINDI	NGS USED S OF DEATH?
DICAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR!	CAUSE OF DEA		M. MONTH DA	AY YEAR	211 LOCATIO	ON	RED (ENTERNATE					
ME	WHILE NOT WE AT WORK AT WORK  220.1 certify that (1)	RK		e deceased fram	ARM, ETC )	STREET	. 19 85	, to	CITY OR TOV	22		S 7	state that (I) (we) last
	saw the decess abaye, (1) (we) (c 22b. SIGNATURE 22d. PHYSICIAN'S NA BARRERA	ed alive and did) (did not	View the bady	M.D.		DEGREE MEMOR 21. ADDRES MEDIC	ATTENDING PHASICIAN [	LDING,	STAF PHYSIC CUMBE	F IAN 🗌		220 DATE	
23a E	SURIAL, CREMATION,		23b DATE			EMETERY OR		23d LOCAT	ION or town		011	UNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certifice the should be detached for use as the burial-training with the State Dept. of Health and Mental Hygin IMPORTANT: If Hem 21 is marked or Hem 18

James F. Scarpelli, Cumberland, MD 21502

Cumberland MD 21502 APR 2 9 1987 Julia Distriction

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	1						E OF MARYLAND	miller			
	1.	FOR STATE		n Stree		TMENT OF H	EALTH AND MENTAL HYG	SIENE	0 6	0 2	
0446 APR 11	0.0	REGISTRAR	Lon	aconing	MIDDLE	DOREKIII	ICATE OF DEATHS	Ze. DATE OF DEATH	MONTH	DAY YEAR	Toward
o + p		CEASED NAME OR PRINT)	John		C	Bus	insky	April	09,	1987	12;40A
ge 4 moy be ector, poge 2 rs ofter deat	3 SE	x ale		4. RACE Whit	e	S. DATE (		6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Por	GOUNTRY)			76 CITIZEN OF USA	WHAT COUNTR	Y2 8	DE NEVER MARRIED	9 BALTIMORE CIT	OR COUN	ITY OF DEATH	MD.
y the fu	Cu	mberland		(IF NOT IN SU	cred Hea	rt Hos	pital	Bi-State			OF BUSINESS OR
24 hour	USU 13a.	AL RESIDENCE (IF NO STATE IVIO	AT LE		LONAC OF		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRES	SS / ZIP CC	DDE31 Sta	te St.
ed within		ohn	(	MIDDLE	Busins	cy	IS. MOTHER'S MAIDEN NA.  FIRST  Katherin	nipot		Horky	51
Poges .		VAS DECEASED EVI YES, NO OR UNKNOWN] NO		VE WAR OR DATES)	16b. SOCIAL SE-		Mrs. Evelyn E	Businsky,3	oress 1 Sta	te Stale	naconing,
ss that the death certification of the death certification of the death certain of remove the certain of the death.		Conditions, if or gove rise to i couse (o), sta underlying cou	IMMEDIA  my, which mmediote ting the	DUE TO, C	Myo	DUENCE OF	1 Interction tic corners as	Kky Disc	9/ e		IMATE INTERVAL OMSET AND DEATH IS G.
os beeraignes ermit.	CERTIFICATION	PART 2 OTHER SI					NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF IN CER	GIVEN IN PART 14 YES, WERE FINDIN TIFYING CAUSES YES	NGS USED
NG PHYSICIAN: The ottending physicion for the this certificate has the buriol-tronsit phond Mental Hygien orked or Item 18 shere	MEDICAL CER	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MI 21d. INJURY OCCU WHITE AT WORK	CAUSE OF DE	ATH HOUR A R) P  21e. PLACE	OF INJURY  .M. MONTH  .M.  OF INJURY  REET, FACTORY, OFFICE	19	211. HOW INJURY OCCUR!		NJURY IN ITEM	(COUNTY	STATE
R ATTENDIA hospitol or IRECTOR: A Hed for use ept. of Heolot tem 21 is mo		220 1 certify that	(I) (this hosp	at) view the body	10	87.01	nd that in (my) our) opinion of DEGREE	, toAyr. death occurred on the	dote and h		
TO HOSPITAL O retained by the TO FUNERAL D should be defocution with the State D MADORTANT: HI		274 PHYSICIAN'S Dr. T		Devlin	leer	l	ATTENDING PHYSICIAN 222e. ADDRESS 55 Jackson S	DIRECTOR PHY	4		21539
PP	230.	BURIAL, CREMATION SPECIFY) Burial			87 F	NAME OF C	EMETERY OR CREMATORY rg Mem. Park	23d LOCATION CITY OF TOWN Frostbur		legany	Md STATE
DHMH - 16 50M 4/83		NERAL DIRECTOR	Kenzie	Funera	1 Homes	onacon	ing Md. 250 DAI		-	ISTRAR'S SIGNAT	

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. 198;	April 09	Pustanis	*0	John	
4/20	77	ard 10. TSIO	es is		Lies
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melvas temo,	min by at d-15	Indiana:	French Heart		married may
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FOR

1 STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN X MONTH AY IS NECESSARY, THE PARECTOR. PAGE 5 FOR YOUR FILES. SEILED, WITHIN 72 HOURS TANN. PRESTON STREET, (TYPE OR PRINT) OF ESTI-Robert Bernard Clevenger DEATH MATED 4 RACE 5. DATE OF BIRTH 1955 (LAST BIRTHDAY) 6. AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE MONTH PRONOUNCED Cau Aug Male DEAD BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY U.S.A. MD WIDOWED [ DIVORCED Allegany County IN CITY OR TOWN OF DEATH 126 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Allegany County Jail Cumber land Continental Brick Manuf. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13c. CITY OR TOWN Allegany NO X P.O. Box 51 MD Rawlings 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Walter Babb Clevenger Evelvn Grace 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES 215-68-6480 Lucindy Clevenger Rawlings. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hanging DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

216. TIME OF INJURY

HOUR A.M. MONTH DAY

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2	=	à	က	25	AL	
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF A	EXECUTE THE CERTIFICATE, WRITING THE WORD "BENDING WIN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, A	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM-RM 3. R	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS ABURIAL TRANSIT PERMIT. PAGES 1 AND 2 SE	AFTER DEATH, WITH THE STATE DEPARTMENT OF REALTH AND MENTAL HYGIENE, DIVISION OF WATER	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, SPEMATION, OR REMOVAL.

CONTRIBUTING CAUSE OF DEA	ATH ? PXXXX 4 21 19 87	Subject hanged se	lf .	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  jail	Allegany Co Jail,	Cumberland, Allegany, M	STA
	of the remains described abave, held an causes , Accident , Suic	Autopsy X , Inspection ,		
ACTUAL SIGNATURE	4	TITLE (SPECIFY)  M.D. Assistant MEDICA	DATE SIGNED 4/21/87	7
EXAMINER'S NAME (TYPE OR PRINT)	William M. Zane, M.	D. ADDRESS 11 Penn S	t. Balto.MD.	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BP 07/84 25M

> **DHMH - 17** (VR A15 ME (5))

24. FUNERAL DIRECTOR

Burial

230 BURIAL, CREMATION, REMOVAL 236 DATE

71a EXTERNAL CAUSE WAS

HINDERIVING TOP

MEDICAL

23(. NAME OF CEMETERY OR CREMATORY 4/24/87 Potomac Mem Gardens 23d LOCATION Keyser

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

Mineral

26 HOUR

24 HOUR

7:15A

21 19 87 DAY

21557

1987

Miller

20 AUTOPSY?

YES BY NO [

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BETWEEN ONSET AND DEATH

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Craig Rotruck 85 S Main St Keyser,

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hourerands by the hospital or attending physician.
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	1		N FUNERAL HOME	STATE OF MARYLAND		
=	11.	FOR STATE BALT .	ST DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	A 4
		REGISCOMBERLAND, M	21502	CERTIFICATE OF DEATH	/ LIREG. NO. O	0.4
057375 MAY	I DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y b	1 0	NANNIE	ELAINE	COLEMAN	APRIL 29, 198	
mo di li	3 SE:	4	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
96 90		Female	Black	June 24, 1935	51 YRS.	
1 11000		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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Wil In	10. C	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE</li> </ol>	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (14PE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
0 / 1		umberland	SACRED HEART	OSPITAL	Housewife	
BALTIMORE, MARYLAND 2120 cote be executed withing a hours special and cample by filed in by open. Popens and 2 found be the	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION, GIVE RESIDENCE BEFORE Y 13c. CITY OR TO		13e STREET ADDRESS / ZIP COL	)F
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MO Pog	,	NO -		-0483 Raymond M	Coleman sa	me ac 13a-o
ALT ALT		18 CAUSE OF DEATH (Enter only	ane cause per line for to		21	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PR he d		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	HENCE OF		
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TTEN Pirtol For u		saw the deceased alive on_ above, (f) (we) (did) (did not)	aille the body ofter death	, and that in (my) (aur) opinion	death accurred on the date and ha	out and from the causes stated
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OT of short with MP	23a	BURIAL, CREMATION, REMOVAL	COLUMN TWO IS NOT THE OWNER.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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SILCOX-MERRITT FUNERAL HOME CUMBERIAND MARYLANIAPR 2 7 1987

Julia Divider Rouders

24 FUNERAL DIRECTOR

(VRA 15, 4)

SILCOX-MERRITT FUNERAL HOME STATE OF MARYLAND

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: Scarpelli Funeral Ten

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ā	TO MEDICAL EXAMINER: THIS CERTIFICATE EXECUTE THE CERTIFICATE, WRITING THE W PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMEN BARTIMORE, MARYLAND, 21201 PRIOR TO	*	WHILE NOT NOT AT WORK	ORK	STREET, FACT	ORY, FARM, ETC.)		INCE		CITY OR TOWN		DUNIT	STATE
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	MINING BE F		death resulted from:	Natural	causes ,	Accident .	Suicide	, Homicide [	Unde	termined manne	er 🔲.		
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	WED!		EXAMINER'S NAME (TYPE OR PRINT)	Giovani	ni Mastr	angelo, M	.D.	ADDRESS 900	Seton	Drive.	Cumb.,	MD 21502	2
	PAGE PAGE	73a.6	JRIAL CREMATION RE			Z3t. NAME OF	(小を作用を	HE REMARKS		OCATION			
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.
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-	3. SE	x male	4.1	RACE White		5. DATE C		75		MONTHS		HOURS M
5 ,-		IRTHPLACE (STATE OR FORE	EIGN 7b		HAT COUNTRY?	8	D NEVERMARRIED	9 BALTIMORE CITY	OR COUNT	Y OF D	EATH	17.79
5		MD		USA		WIDOWE	D DIVORCED	ALLEGANY				
2		ity or town of DEATH Cumberland		SACRED	HEART H	OSPIT	OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST retired			text	ile
5		AL RESIDENCE (IF NURSING STATE 131	L COUNTY		36. CITY OR TOWN	N	13d. INSIDE CITY LIMITS? YES NO (	13e STREET ADDRESS Route 4			A/21	502
0	14. F/	ATHER'S NAME FIRST AMOS	s G. [	DeHaven	LAST		15. MOTHER'S MAIDEN NA	Effie DeHa			LAST	
Dedical Land		WAS DECEASED EVER IN YES, NO OR UNKNOWN) (1) YES	U.S. ARME IF YES, GIVE W. WW	AR OR DATES)	66 SOCIAL SECUI 22010903		Mrs. Alice [	DaHaven, Cur		and.	Md ·	- Wife
1		PART I. DEATH WAS	MEDIATE C	AUSE (0)	KRS/2	NCECE	La lure					
(F) 9	FICATION	Conditions, if ony, w gove rise to immed cause (a), stating underlying cause	which diate the start CON	DUE TO, OR (b) CONDITIONS CON		NCE OF DEATH BUT	LOS COSC NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YI	ES, WER	RE FINDIN	GS USED OF DEATH?
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CLAY OF BELIEVE, NO. 33502 Wyan-at AVCS ELLIOD TATIFACE TOAME CHOOMS SELECTION OF THE PROPERTY OF THE PROPERTY OF THE CONSESSION OF THE PROPERTY OF affiliation.

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(VRA 15, 4)

BALTIMORE BURIAL APR.7,1987 MIKRO KODESH 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO, MD 21215

STATE OF MARYLAND

7h HOUR

12b. KIND OF BUSINESS OR ATHOME

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22c. DATE SIGNED

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9 M IF UNDER 24 HRS

Walter & Thomas Hall I would be a supplied to

FOR STATE

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in by the funeral director.

injury, or other troumotic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or Item 18 staws only injury, or other traumatic event, the medical

moy be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

0 REG. 20.	6	0	9
REG. NO.	-		

ECEASED NAME FIRST PE OR PRINT)  Mar  EX  Female			CATE OF DEATH	REG. NO	). O	2 !	
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	White	Sept	DAY YEAR -	77		ONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8		9 BALTIMORE CITY O	YRS.	OF DEATH	
Maryland	U.S.A.	WIDOWE	NEVER MARKIED '	Allegan			N
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	SIVE STREET ADDRESS)		120 USUAL OCCUPATION OF TORONOSTON	ON WORKING LIFE	126. KIND OF INDUSTRY	BUSINESSO
Westermort JAL RESIDENCE (IF NURSING HOME	Moran Ma		sing Home	Teache:	r	Seno	)T
Maryland Al	UNTY 13c CITY			Paradis	e St,	21542	2
ATHER'S NAME FIRST Timothy	D. Byrne	EAST	15. MOTHER'S MAIDEN NAM	MIDDLE	Cunn	inghai	n
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRE			
No		-38-5631	Mary Jean (	coleman, l	Midla	nd, Mo	i.
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT			200 AUTOPSY?	206. IF YES, IN CERTIFY	WERE FINDING ING CAUSES (	OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		NTH DAY YEAR	21c. HOW INJURY OCCURRE	YES NOTES	YES	land .	NO [
	21e. PLACE OF INJURY	1	211 LOCATION STREET	CITY OR TOV	AM	COUNTY	STATE
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK							
WHILE NOT WHILE AL WORK  220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)	•	h. 19, onc	d that in (my) (our) apinion de	, to eath accurred on the do		ond from the c	ouses stated
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	11 -	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTA		ENE O. 9	5	10				
		CEASED NAME FIRST		MIDDLE	(	LAST	1	20. DATE OF DEATH MO	NTH	DAY YEAR	26 HOUR			
	{ TYPE	OR PRINT) Agat	na	V.	Do	rsey		C	14 2	29 87	2:50 P			
	3. SE>		4. RACE		5. DATE O			6. AGE (IN YEARS LAST BIRTHD	AY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
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8	Cumberland  11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE SIRE)  Lions Manor N  1USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE)							12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Education	ORKING LI	FE) 12b. KIND O INDUSTRY Tes	f BUSINESS OR			
5	13a, S	d.	or other institution	130. EILY OR TOWN		13d INSIDE CITY LIM		13e.STREET ADDRESS / Z Lonaco	nine	Md.	23/			
10	14. FA	THER'S NAME FIRST Michael	WIDDLE	Dorsey		15. MOTHER'S MAID	gare	MIDDLE		Cúì	len			
4		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS						
0	,,	No	ove war or pares	212-38-5	591	Mr Dor	sey 1	Devlin Willi	amsp	port Md.				
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse pe SED BY: ATE CAUSE (o)	HCute		psis				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH			
			DUE TO, C	OR AS A CONSEQUE	NCE OF	1.0.								
		Conditions, if ony, which gove rise to immediate	(b)_	Infe	reo	Melay	,							
		cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF												
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	NO	PART 2. OTHER SIGNIFICAN	~a tin	1/1	R C	NOT RELATED TO THE	IE TERMIN	NAL DISEASE OR CONDIT	ION GIV	EN IN PART 110				
G	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED		200 AUTOPSY? 2	Db. IF YES	S, WERE FINDIN	GS USED			
1	TIFIC	U						YES TO NOT	V CERTIF YE	FYING CAUSES	OF DEATH?			
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTH DA	Y YEAR	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM IB F	PART ( OR PART 2)				
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE	E OF INJURY 211 LOCATION				CITY OR TOWN	COUNTY	STATE				
	¥	WHILE NOT WHILE AT WORK	(AT HOME S	TREET, FACTORY, OFFICE FA	ARM, ETC.)	SINCE		CITYONIOWA		COOM	STATE			
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		obove, (I) (we) (did) (did 22b SIGNATURE	not) view the bod	y offer death.		DEGREE				22c. DATE	SIGNED			
		V. A. Ko	ryith	an		ATTEND PHYSIC		MEDICAL STAFF DIRECTOR PHYSICIAL	۷ 📗	4-	29-87			
		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS			.1	1 1/	1 3			
	22. 0			D.	LAME OF C	LMNH, Set		rive, Cumber	:Lan	d, Mary	Land			
	3	URIAL, CREMATION, REMOV SPECIFY)	5/2X	· V		d Cem.		Midlan		Allega				
	24. FL	INERAL DIRECTOR	WWW.	PLO CALLEDO	nt Ma		50. DATE	REC'D. BY REGISTRAR 256	REGIST	IRAR'S SIGNATI	JRE .			
		Boal Funeral	perarce	Westernpo	T. C 1.10		IVI A	14-18/19	Mar	murasan-	OND THE .			

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon poper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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of h		CEASED NAME OR PRINT)	FIRST KATIE		TANDISH	l l	DORSEY	April 18,		DAY YEAR	11:45
ge 4 may be sctor, page 3 's after death	3. SE			RACE white		5. DATE C	DF BIRTH 0-01-1892 YEAR	6 AGE (IN YEARS LAST BIT	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
nerol direct n 72 hours		RTHPLACE (STATE OR FO	PREIGN 71	USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED DIORCED DIORCED	9. BALTIMORE CITY O	OR COUNTY	OFDEATH	MD
by the fu		nberland	н 1 1	1. NAME OF H	OSPITAL, NURSIN HEACILITY, GIVE STREET LL HOSPITA	G HOME C	or other institution Medical Center	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST NOUSEWIT	OF WORKING LIF	FEI INDUSTRY	home
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and the comment of th	14.F/	THER'S NAME Charle	es S.	McMill	an LAST		15 MOTHER'S MAIDEN NAM	Melissa P.	Merri	.11 tas	
oe execut n and co		WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	214-80-		"Mrs. Alma My Mrs. Theresa	ers - Mt. S Daugherty	ss Savage Akro	MD -	daughter daughte
the attending physics he ottending physics emove carbon papes emotion, or removal. er troumatic event, the		18 CAUSE OF DEATH PART I. DEATH WA  Conditions, if ony, gove rise to imm couse (o), stoting	which	DUE TO, OF	R ASA CONSEQUE	NCE OF	luonary Cardio m	gopalhy			mate interval onser and death untes
n. n	CERTIFICATION	PART 2 OTHER SIGN	FICANT	onditions <u>co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM  WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b IF YES	S, WERE FINDING CAUSES	GS USED
SICIAN: The Ing physicion. certificate has rinol-tronsit peental Hygiene frem 18 shows		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR				No L
ottendin ottendin ter this c s the bur h and Me	MEDICAL	21d. INJURY OCCURRE		21e PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	21f. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
OR ATTENDING or haspital ar DIRECTOR, All oched for use of Dept. of Healt firem 21 is mo		22a. I certify that (I) ( sow the decease obove, (I) (we) add 22b. SIGNATURE	olive on_	view the body	ofter death.		, 19	, to, to	lote and hou		
TO HOSPITAL OF TO FUNERAL IS should be detoo with the State IMPORTANT: If		22d PHYSICIAN'S NA	U.	PRINT)	U			DIRECTOR PHYSIC	CIAN	21502	8/87
	23a. E	BURIAL, CREMATION, R	EMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Heal	COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		Buria UNERAL DIRECTOR NAME James F. Sca		.i, Cuml	ADDRESS			Mt Sava	nge A	llegany rar's signati	URE MD

Affled in by the funeral director, page 3 ould be filed within 72 hours ofter death

ophysician and campletely tenpopers. Pages 1 and 2 s

4 тау be

STATE OF MAI	RYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH @

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 7%	(3)	in.	1	
6	PN 9	6	1	6

,	FOR 1 - STATE		DEPART		EALTH AND MEN		ENE	. 1			
1	REGISTRAR			CERTIF	ICATE OF DEA	SHITA	/ G. NO	0 1 4			
1	1. DECEASED NAME FIRST		WIDDLE		LAST		20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR		
1	DAIS	Y MA	E	I	DYCHE		April 21, 198	37	7:45 F	M	
I	3. SEX	4. RACE		5. DATE (		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS		_	
	female	whit	e		3-30-189		91 YR:		HOURS M	IP4.	
0	70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MAR		BALTIMORE CITY OR COUN				
	WV	USA		WIDOW	_	RCED	Allega	any		MD.	
A	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITU	TION	120 USUAL OCCUPATION	126. KIND (	OF BUSINESS		
1	Cumberland		al Hospit	-			housewife .		home		
7	USUAL RESIDENCE (IF NURSING HOME 130 STATE 1136 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		113d. INSIDE CITY	LIANITES 1	13e.STREET ADDRESS / ZIP CO	DE			
1		legany	Cumber			0 🗆	121 Humbird	Street/	21502		
1	14. FATHER'S NAME				15. MOTHER'S M.		NE .			_	
1	FIRST Edwa	rd Phipp	LAST IS		FIRS		Lizabeth Gurtle		AST		
1	160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS				
1	(YES, NO OR UNKNOWN) (IF YES,	SIVE WAR OR DATES)	705-09-9455		Florence Robertson = Cumberla			and, MD	-daugh	ite	
	II. CAUSE OF DEATH (Enter	only one cause pe	ling to Q Up . ro	tem	APPROXIMATE INTER						
	PART L DEATH WAS CAU										
1		DUE TO OR AS ACONSETURATED TO THE MALES AND THE STATE OF									
ı	Conditions, if any, which ( b) PROMOTON ( ) WINNING (										
1	gove rise to immediate cause (a), stating the								17.25		
1	underlying count lost (c)							1013	C		
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							GIVEN IN PART T	ran	_	
	196 DATE OF OPERATION  216. ACCEPT WAS UNDERLYING							19.	-17		
)	5 1% DATE OF OPERATION	196 COND	ITION FOR WHICH	N FOR WHICH OPERATION WAS PERFORMED				YES, WERE FINDS			
1	#ITHE						YES NO YES NO				
	on community of Leaver on						D. CENTER NATURE OF HUMAN PLYINGS.	R PART I CHEPART IS			
	S IN SITHER, NOTHER MEDICAL EXAME	MALES TO STATE OF THE PARTY OF	.M.	19				C-100			
1	THE STATE MODERN MEDICAL EXAMPLE TO THE INJURY OCCURRED	21e. PLACE	OF INJURY BUT, FACTORS, OFFICE I	A.	211 LOCATION		Avorrown <sub>a</sub>	COUNTY	state		
1	at work   workwall	n	4	110	1 21	60	Hone 191	50	1000		
1	72s I certify that (I) (this hos	0.01127-101-1	distribut trois	NI	Mal	1901	- to 1/1/1001		, that (1) (we'll		
1	saw th deceased alive above of (we) (did) (did)	not are the body	rafter death.	V	nd that in (my) (ou	r) opinion di	noth accurred on the date and t	nour and from the	cousin stated		
1	77h SICOSA LIBE	lloon -		He-	DEGREE	20025	Washington - Williams	271, 9ATS	(Barge		
	X	um	us V	N	PHY	SICIAN N	MEDICAL STAFF	H-0	1,0,1		
1	ZZE PHYSICIAN'S NAME ITEM	CONTRIBUTE		54 / E	THE ADDRESS M	lemori	al Hospital Med	dical Bu	ilding		
1	Dr. Terry W	lilliams					land, MD 21502				
	23a. BURIAL, CREMATION, REMOVA		23с.	NAME OF C	EMETERY OR CRE		23d LOCATION	COUNTY	STATE		
	(SPECIFY) Burial	04-2	3-1987 D	Davis	Memorial	Cemet			egany M		
	24 FUNERAL DIRECTOR						REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNA	TURE		
	Jämes F. Scar	pelli, C	umberland	, MD	21502	AF	PR 2 9 1987 A	ulia Davida	on-Randa	H	

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or office the

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then pleaye items with the State Dept. of Health and Mental Hygene prior to buriol, grenia

retained by the haspital ar attending physician.

BP.

Allega and the second The state of the same of the s APR 2 9 1987 ALL INC.

	STATE OF MARYLAND
052183 MAY -	FOR SCARPELLI FUNERAL HOME DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 108 VA. AVE. CUMB. MD. CERTIFICATE OF DEATH

James F. Scarpelli, Cumberland, MD 21502

0	0	6-	1
U	7	U	
REG.	NO.		

		REGISTRAR 10	8 VA.	AVE. C	UMB. MD.	CERTIF	ICATE OF DEATH	/	REG. NO.		
		CEASED NAME	FIRST	L. III	MIDDLE	ı	LAST		DATE OF DEATH MONTH	DAY YEAR	26. HOUR
,	TITPE	OR PRINT)	HARR	Y	GLEN	EN	<b>IGLE</b>	1	APRIL 20,1987	7	4:30P M
3. SEX			4. RACE		5. DATE C			GE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
H		male		whit	e	MONI	07-06-1912		74 YR	S.	1
	7a. BI	RTHPLACE (STATE OR F	OREIGN	100	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. B/	ALTIMORE CITY OR COUN		
		PA"		US		WIDOWE	ED DIVORCED		ALLEGANY (	COUNTY	MD.
1	10. CI	TY OR TOWN OF DEA			HOSPITAL, NURSIN THE FACILITY, GIVE STREET		OR OTHER INSTITUTION	(TYP	USUAL OCCUPATION SE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
1		Cumberlan			EGANY COL				retired	bali	istics
		AL RESIDENCE (IF NURS) STATE  MD	136 COU		13c. CITY OR TOWN	N	13d. INSIDE CITY LIMITS	IS?   13e.5	Route 1/2154	DDE 45	
A	14. FA	THER'S NAME FIRST		WIDDIE	LAST		15. MOTHER'S MAIDEN		MIDDLE	LA	ST
)		Jo	hn Er	ngle				Ann:	ie Shumate		
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	35.07	ADDRESS		
		no			16216799	96	Mrs. Grace	e Engi	le, Mt. Savaç		
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter or	nly one couse per	line for (o), (t), ont	192 1	Land	xti	m 1.	BETWEEN	ONSET AND DEATH
		PARTI. DEATH W	IMMEDIA	TE CAUSE (o)	NOUN	0 /	300,100		tan	11/100	
	DUE TO, OR AS A CONSTQUENCY OF										
		Conditions, if any, gove rise to imm		(b)	1/0	VIV	- 100	N	my serve		
		couse (o), stating underlying couse	g the	DUE TO, O	R AS A CONSEQUE	NCE OF			)		
				(c)		SEATUL OLIT	was ad usa sa sus	755	DISEASE OF CONDITION	00/5/10/10/10/1	
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								GIVEN IN PART II	0'
2	CERTIFICATION	19a DATE OF OPERAL	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	21	00 AUTOPSY? 20b. IF	YES, WERE FIND I	NGS USED
7	TIFIC	#070.54 Jack						Y	ES NO	YES [	NO [
7	CER	21a. ACCIDENT WAS UND	-	110110 4	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OC	CCURRED	ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
7	CAL	OR CONTRIBUTING C			M.	19					
	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY	ARM ETC I	211 LOCATION STREET		EXY OR IDWH	county	STATE
	2	AT WORK AT WOR	RK			2	121, 0	22	4/21	1 0-	1
		22a I certify that (I)		4	deosed from	12	. 19_	5 /	to	19	that (I) (we) lost
		saw the decease above, (1) (we) (d	d olive on did1 (did no	ot) view the body	ofter death.	, ,		inion deoth	occurred on the date and		
		276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF 126 DATE SIGNED								SIGNED 1	
			11.5	(1)	<u></u>	1	PHYSICIA	AN DIR	RECTOR PHYSICIAN	19	10/187
		224. PHYSICIAN'S NA	A .		/		276 ADDRESS		THE OLDED! AL	m Mb (	21 502
				PINA, M					IVE CUMBERLAN	W, MU. 2	1502
		BURIAL, CREMATION, SPECIFY) BUri					CEMETERY OR CREMATO		3d LOCATION	Somerse	STATE
	24 FI	JNERAL DIRECTOR	αı	04-2	3-1987 St	. rat	ıls Cemetery	DATE REC	Meyersdale		
		James F. Si	carne	ili Cur	mhor land	MD O	21502	APR	2 9 1987	he Dender	Rondoll
	'	odilico I . Ji	carhe	LLL, CUI	HUCLIAIIU,	I'IU Z	1702	1 41 17			

DHMH - 16 50M 4/83 (VRA 15, 4)

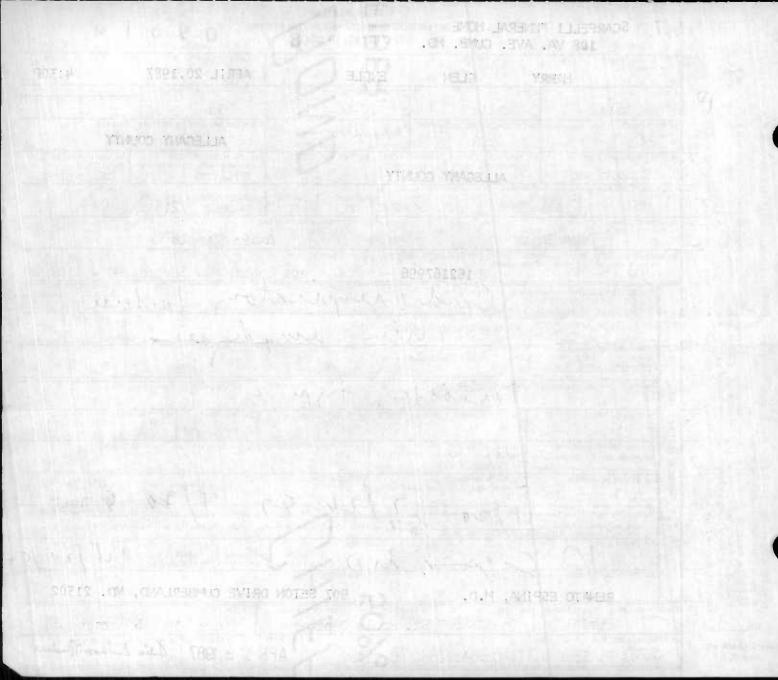
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the often should be detached for use as the burial-transit permit. Then please remover with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

IMPORTANT: If Hem 21 is morked or Hem 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician. nerol director, page 3 in 72 hours ofter death

ofter deoth. Poge 4 may be



FOR DEPARTMENT OF H

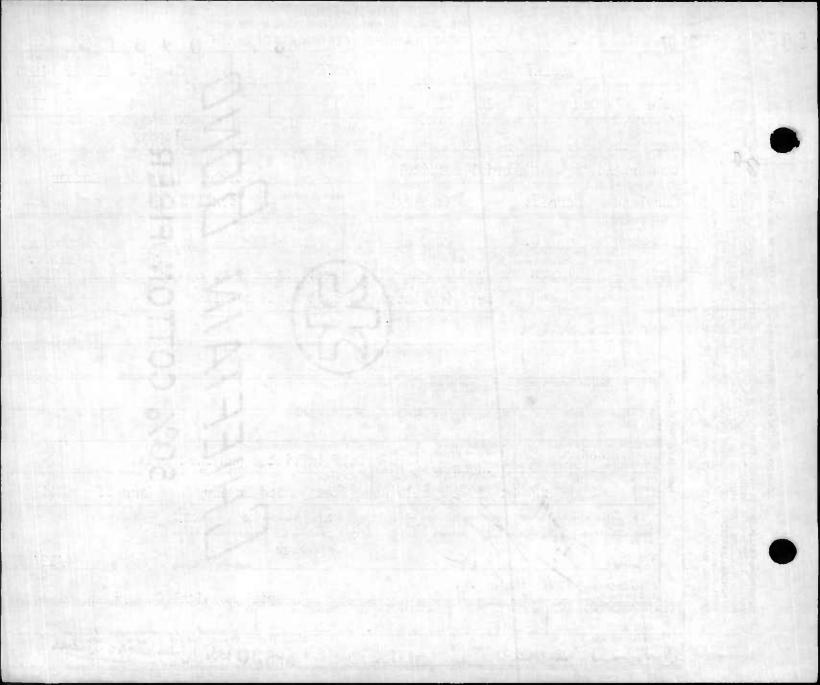
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

QEG. NO.	6	1 4
WREG. INC.	-	

	.,	REGISTRAR				CERTIF	ICATE OF DEATES	LIEG. N	3. 0	1	Sing		
ij.		. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)				l	ASI	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	}
	(TYPE C	JULIUS				EVA	NS	April 19,	1987			10:35	5P M
1	3. SEX	- 11 - 12-1		4 RACE		5. DATE C		6 AGE (IN YEARS LAST 8	RTHDAY)	IF UNDE	RIYEAR	IF UNDER 2	
	male white		е	MONTH	5-05-1927	59	YRS			HOURS	MIN.		
01	To, BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?			MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DE	ATH				
)		THPLACE (STATE OR FO		USA		WIDOWE	D DIVORCED	Allega	_				MD.
4		y or town of DEA nberland	тн	Memori	HOSPITAL, NURSIN HFACILITY, GIVE STREET al Hospit	NG HOME OR OTHER INSTITUTION (IVPE OF WORK FOR MOST TELITED				IFE) IND	ire	CO.	SSOR
1	USUAI 13a. ST	L RESIDENCE (IF NURSI ATE MD	13b. COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW OLD TO	/N	13d INSIDE CITY LIMITS? YES NO 🛛	130.STREET ADDRESS Route 1	ZIP COD	€ 71/2	1555	5	
1	I4. FAT	HER'S NAME FIRST	Mart	in R. E	vans		15. MOTHER'S MAIDEN NAM	Mary Arbo	gast		LAS	ī	
		AS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	ESS				
	(YE	S, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-16-6	5771	Betty Evans,	Oldtown,	MD - W				
		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSEI	D BY:	f.	dio to		mant			2	MATE INTERV	HTAS
1			IMMEDIAT	E CAUSE (o)	Carre		in morrary	WVIE			201	u/nu.	14
		Conditions, it ony, which ( ib) DUE TO, OR AS A CONSEQUENCE OF Schemic heart disease									yes	ars	
		gove rise to immediate									0	-	
1		couse (a), storing the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF											
		PART 2 OTHER SIGN	IFICANTO	ONDITIONS CO	ONTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	UDITION GI	VEN IN	PART lic		
	é												
Ì	CERTIFICATION	190. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	ES, WERE IFYING ( 'ES 🏻	EAUSES	OF DEATH	1?
5	ĕ	210. ACCIDENT WAS UND		110110 4	F INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PARTIOR	PART 2)		
	14	OR CONTRIBUTING C		UB.		19							
	MEDICAL	21d. INJURY OCCURR		21e. PLACE	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC   211. LOCATION STREET		CITY OR T	OWN	cc	UNTY	ŞT	ATE	
ı		WHILE NOT WH	ILE	(AT FIOME, SI	ett, i netoni, office,	ANN, ETC J							
		220 I certify that (I)					, 19	, to		, 19		thot (I) (w	
		sow the decease above, (1) (We) (d	d olive on lid) (did no	t) view the body	after deoth.		nd that in (my) (our) opinion	deoth occurred on the	Jote and ha				ted
		216 SIGNATURE	pote	mn			DEGREE ATTENDING PHYSICIAN		AFF ICIAN 🗌	22	DATE 4	21/F	7
ì		ZZE PHYSICIAN'S NA	ME PINEO	PRINT) (DY	GUPT,	A	22e ADDRESS Memor	ial Hospit	al Med	dica	1 Bu	ildi	ng
		Dr. N. Ra				1		rland, MD	21502				
		JRIAL, CREMATION, I					EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUN	lTY .	ST	ATE
	24 5:::	Buria	1	04-23	-1987 Da	avis N	Memorial Cemet		rland				)
		NERAL DIRECTOR	025-1	1: 0	ADDRESS	MD C3		E REC'D. BY REGISTRA	RIZSE REGIS	TRAR'S	SIGNAT	URE	
	Ja	ames F. Sc	arbet	11, CUM	perland,	MD 21	502	7	1	CC.			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



4 00	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  O HOSFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exceeded within 24 hours after death. Page 4 may be the haspital or offending physician by the attending physician and completely filled in by the funeral director, page 3 or the burial-transit permit. Then please remove carbonappers. Pages 1 and 2 fourth within 72 hours offer death than 2 for use as the burial-transit permit. Then please remove carbonappers. Pages 1 and 2 fourth within 72 hours offer death than 2 for use as the burial-transit permit.	I I I I I I I I I I I I I I I I I I I

		Boal	s Funeral Home	STATE OF MARYLAND		
	,	FOR 111	Church Streetarin	NENT OF HEALTH AND MENTAL HYG	SIENE	
0000	1.	STATE REGISTRAR West	ernport, Md. 21	SEERTIFICATE OF DEATH	/ RG.NG 5	1 6
OZUJ APR	1./DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
y be ge 3 feoth	() I'm	Pauline	Augusta	Gates	April 09, 1987	
Her po	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS.
ors of	1	male	Black	9 17 1916	70 YRS. MOT	
neral dii in 72 hou		est Virginia	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Allegany County	
s offer o	1 1	mberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Sacred Heart		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Domestic	126. KIND OF BUSINESS OR INDUSTRY House
thin 24 hour	130. S We	st Va. Mine	eral Piedmont	N 134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 103 E. Hampshire	
buo and	F	Paul A	Coleman	Marguerite	MIDDLE HOWAT	tast d
d con	16a. V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	
med bear	,	ES, NO OR UNKNOWN) (IF YES, GIV	2302295	47 Mr. Henry Ga	tes Piedmont. W.V	a. 26750
sicio pers val.		18. CAUSE OF DEATH LEnter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and			BETWEEN ONSET AND DEATH
g phy on po even			E CAUSE (0)	topicaled frit	lility - ilesistant	
e death ce tatending nove carb ortan, ar r traumatic			DUE TO, OR AS A CONSEQUE	NCE OF	to the	
a dec		Conditions, if ony, which gove rise to immediate	(b) 1511-	one Cornop	yopany	
by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	/	236-26	
or rio		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART 110
The The	NO.					
he law range. has been the prior tows any	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
physical rificate Il-transit tol Hygin m 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
YSIC ding s cert burial Menti	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
NG PH offer the os the thond	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, EACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
NOIN USE OF TEAR	U.		tal) attended the deceased from_	, 19	, to, 19	
Spirt CTO CTO d for of h		saw the deceased olive an above, (I) (we) (did) (did na	t) view the body ofter death.		death accurred on the date and hour a	
the horizon of the horizon of the pepting of the pe		226. SIGNATURE LEN	HTan.	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
E 2 2 2 2 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		224. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		
O P O D P O P O P O P O P O P O P O P O		Dr. Sures	Rajan	925 Bishop	Walsh Road, Cumber	land, Md 21502
198999	23a. E	SURIAL, CREMATION, REMOVAL BURIAL	236. PATE 4/12/87 Pot	tomac Mem. Gardens	23d LOCATION CHY OR TOWN Key ser Mineral	W. Va. STATE
DHMH - 16 50M 4/83	24 FU	INERAL DIRECTO	record		E REC'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
(VRA 15, 4)	Вог	l Funeral Servi	ce Westernport	110. 21502 A	R 141981 Da	rider Randall

Sonis Tuneral Fond Lil Course Street III Western ort; 16. 01562 atc. Parline Justen

Temp1 317 716 ARV SINKSTAY THEY

Augustland Swered Heart Marital o estio

Office of the common of the co Colored de la company de la co

230227547 Little James Deter Intedest; 4.74. 25750

Dr. Screph Rajam 925 bishop Talsh Road, Cwierland, Mc 21502 . F. Ligoria was an authoria of control of the Paris of t

April 09, 1987 12:50A

Elle ar forte

1881 61 994 SISCE APR 14 1987

52463 1111-5

of director, page 3 2 hours after death

DEPARTMEN

u	10	HEALTH	AND	MENTA	LHY	GIENE
	RTI	FICATE	OF	DEATH	R	1

	RQ.	10.9	0	/	
DATEO	FDEATH	MONTH	DAY	YEAR .	2b HO
	A	PRIL	23	1987	02

FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE RA NO 9	5 1 /
1. DECEASED NAME (TYPE OR PRINT)	RY JANE	GONZALEZ	20. DATE OF DEATH MONTH	23 1987 25 HOUR HR
3. SEX FEMALE	4 RACE WHITE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FORE) COUNTRY) West Virgin	nia USA	WIDOWED DIVORCED	ALLEGANY COU	
CUMBERLAND	CUMBT MEMORY AL	URSING HOME OR OTHER INSTITUTION STRENDSPSS MEDICAL CEN	TE RYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY House
13aMAND 13b	COUNTY  ALLEGANY  TO ME OR OTHER INSTITUTION, GIVE RESIDENCE  13 CITY OR  CUM DE	rland   13d INSIDE CITY LIMITS?	ALLEGANY COUNT	Y NURSING HOME
14. FATHER'S NAME FIRST  Nicasio	Middle LAS	Josephine	NAME MIDDLE Bang ADDRESS	LAST
n•		SECURITY NO. 17 INFORMANT Mrs. Anita		Larke Md. 21540  APPROXIMATE INTERVAL  LETTUREN ONSET AND DEATH
Conditions, if any, what gove rise to immedicate (a), stating	ofe	SEQUENCE OF HUT	arens	
PART 2 OTHER SIGNIFICATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY	to welliter	G TO DEATH BUT NOT RELATED TO THE TE  COMMINICATION WAS PERFORMED	200 AUTOPSY? 200. IF YOU IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \( \cap \)
OR CONTRIBUTING CAUS	E OF DEATH HOUR A.M. MONTH	1 DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	4 0	CITY OR TOWN	COUNTY STATE
saw the deceased a	s hospital) attended the deceased flive an (did not) view the body after death.	, 17		tur and from the causes stated  226. DATE SIGNED  4-23-97
Dr. Barr	. , .	22e ADDRESS Memo	rial Hospital Med erland, MD 21502	ical Building
23a BURIAL, CREMATION, REM	10VAL 236 PATE 187 /A	23c NAME OF CEMETERY OR CREMATOR St. Peters Cemetery	y 234 LOCATION Westernport, A	llegany Md. STATE

injury, ar other tra

IMPORTANT: If Hem 21 is morked or Item 18 shows any

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the cashould be detached for use as the burial-transit permit. Then please remaying the State Dept of Health and Mental Hygiene prior to burial, cremal

retained by the hospital or attending physician

BP.

24 FUNERAL DIR. Boals Funeral

Service Westernport, Md. 21562

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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BHA.BUJURUS	con attitude mos-	Service of Page 1 381731 JA0003K
		X ALERON COURT NUMBERNG HENRY
	9016 10 412	in

ral director, page 3 72 haurs after death

moy be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	,1 <sub>0</sub> -	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE Q. S	) 6	18		
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH D	DAY YEAR	2h HOUR	
	1145	AMELIA		F.	GREEN			04 19	9 87	1952	PM
	3. SEX	X	4. RACE		5. DATE (		6 AGE (IN YEARS LAST BI		IF UNDER TYEAR	IF UNDER 24	MIN.
		FEMALE	Whi	te	01			38 YRS	NONTHS DAYS	HOURS	MIN.
-	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		
)		Maryland	U.S.	Α.	WIDOWI		ALLEGANY (	COUNTY			MD.
4		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPAT		126. KIND O	BUSINES:	SOR
1	-	MBERLAND		AL HOSPIT			Homemal	cer	Own H	lome	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b, COU		I3c. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO	Rt. 1,	ZIP CODE	land)	2153	12
X	14. FA	THER'S NAME	MIDDLE	LAST	122-11	15. MOTHER'S MAIDEN NA		2.0	LAST		
1		Henry	Sc	hell		Elizabe	eth		nsle		
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR	71	Sprin	g St	
		No		214-74-	9615	Helen E.	Richards	, Fro			
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause pe SED BY:	r line far (a), (b), and	d rein				BETWEEN C	MATE INTERVA	ATH
			ATE CAUSE (o)	Cardiague	won	any Arrest					
			DUE TO, C	RAS A CONSEQUE		r. 1100 T	disease				
	177	Conditions, if any, which gave rise to immediate	(b)_	Aterior	derol	ic primi	arreare		-	-	_
		cause (a), stating the underlying cause last.		R AS A CONSEQUE	NCE OF				15.5		
		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART LIO		=
	2 0	Christ	March	Carline			The block of Co.	5111011 0111			
)	CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN		
	TE	The same					YES NO	YES	YING CAUSES	NO [	?
7	CER	210 ACCIDENT WAS UNDERLYING	LILOUID A	OF INJURY	Y YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART I OR PART 2)		
	N N	OR CONTRIBUTING CAUSE OF D	MIN	.M. MONTH DA	19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	ARM ETC )	211 LOCATION	CITY OR TO	)WN	COUNTY	STA	TE
	>	AT WORK NOT WHILE AT WORK	(AT NOME, ST	ater, racrokt, orrice, r	ARM, ETC J	0					
		22a.1 certify that (1) (this has	2 4.			Just , 19 83		18		hat (I) (we	
		saw the deceased olive o abave, (1) (we) (did) (did n		- 19 198 after death.	, a	nd that in (my) (our) opinian o	death accurred on the d	ate and hour	and from the	auses state	ed
		22b. SIGNATURE				DEGREE ATTENDING	MEDICAL STA	cc	22c. DATE		12-
_		16/18	iner 1	$\sim$		PHYSICIAN [	DIRECTOR PHYSIC		4-	20-	07
	1/4	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			Memorial Hos	pital				
		Dr. Barrera				Medical Buil		rland	Md. 2	1502	
		SURIAL, CREMATION, REMOVA		00		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	51A	TE
	24 FI	Burial JNERAL DIRECTOR	Apr.	22 87 01	d Co	ney Cemeter	Y Lonacor E REC'D. BY REGISTRAR	ing.	Allog	any,	Md.
	24 FL	Durst Fune	U-	ADDRESS	at bass				don . Rand	Trans.	
		Durst rune	araT no	HIG LT.O!	2 0 12 CT	eg, Md. APR	23 1987 1	THE RECORD	augh-Kand	W.L.P.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificant should be detached for use as the buriot-transity with the State Dept. of Health and Mental Hygiens IMPORTANT: If them 21 is morked by Jem 11.

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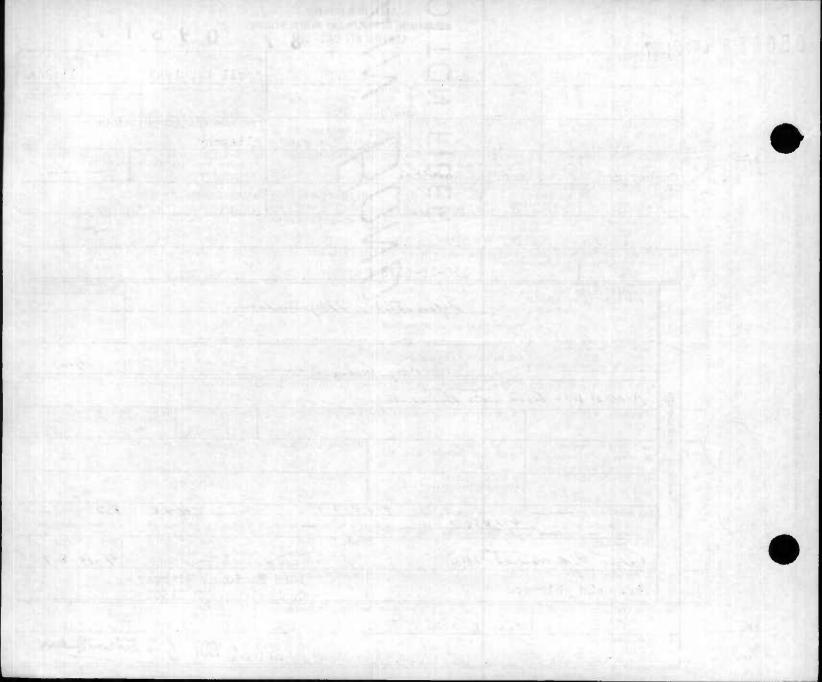
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REG. N	O.		129

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	1	
		CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE)	OKPRINT)	SARAH	1	MARJORIE		GRIMES	April 14,	1987		11:34Am
	3. SEX	(		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMA	LE	WHIT	Ε	JUNE		63	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DEATH	
		W.VA		USA		WIDOWE	DIVORCED	Allegany			MD.
A	10 CI	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
		nberland	=11.54	Memoria	al Hospit	al		HOUSEWIFE			
-27	13a. S	TATE	136 COU		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	E	1 1 1 2 5
1		RYLAND	ALLE	GANY	CUMBERLA	ND	YES X NO	1000 OLDTO	WN RO	AD 2150	12
1	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LASI	1
		THOM		LBERT	DIVELBL		MINNIE	MAY		HERRETI	
П		VAS DECEASED E		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
		NO			220-16-	6673	MEMORIAL HOS	PITAL RECOR	DS		
1			EATH (Enter or H WAS CAUSE		line for (a), (b), an	d (c).)				BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PARTI. DEAT		TE CAUSE (a)	Men	clari	, Mysem	lonn			
4				DUE TO, O	R AS A CONSEQUE	ENCE OF					
		Canditians, if		(b)							
		cause (a), st	lating the	DUE TO, O	R AS A CONSEQUE	ENCE OF					
				(c)	lus		lites Desson	P			7-2
I	z				ONTRIBUTING TO I		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	VEN IN PART To	1
2	CERTIFICATION	19a DATE OF OPE					N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
1	FIC							YES NOWY	IN CERTI	FYING CAUSES	OF DEATH?
3	ERT	210. ACCIDENT WAS	UNDERLYING T	7 216. TIME C	OF INJURY		21c. HOW INJURY OCCUR	A			МО
		OR CONTRIBUTING		AID	M. MONTH D						
ı	MEDICAL	(IF EITHER NOTIFY		21e PLACE	M. OF INJURY	19	211 LOCATION				
J	W	WHILE NO	T WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	NWN	COUNTY	STATE
				rtal) attended th	e deceased from_	4-	14-87 19		1-14	19 87	that (I) (we) last
				4-14 My view the bady			nd that in (my) (our) apinian				
۱		226. SIGNATURE	el (ala) (alel-ne	M) view the bady	after death		DEGREE			22c. DATE	SIGNED
H		ahris.	Mondo	mo	mo		ATTENDING PHYSICIAN B	MEDICAL STA	FF	4-15	V-87
		228. PHYSICIAN'S	S NAME (TYPE O	OR PRINT)			V	National Hi			
9		Dr. Jo	hn Whit	more				erland, MD 2	_		
		URIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	4.704		
	(3	BURI	AL	APRIL	16 1987 F	REST I	AWN MEMORIAL	AVALE ALI	EGANY	MARYT.A	ND
		INERAL DIRECTO					250 DA	TE REC'D. BY REGISTRAR	250 REGIS	TRAR'S SIGNAT	RE
	S	SILCOX-ME	ERRITT	FUNERAL	HOME CUM	BERLA	ND MARYLAND AF	PR201987	gulia	Durden . K	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked ar Item 18 shows any injury, ar other traumatic event, the medical



DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND

04	9913 APR	19.	EOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE		
5			CEASED NAME FEST	A	AKODE		IAN	IN DATE OF DEATH	MONTH OLD THE	MHOLD:40
1	3 T 6	2110	JEAN	NINE	ELIZABE	TH	HARE	April 1,	1987	P. W
	4 90 g	3. SE		4. RACE	-	WON	DE BIRTH	& AGE (HYPARICASTER		TAR # UNDER TAMES.
-6	1 1224	7u. 8	female	The last terms of the last ter	HAT COUNTRY?	1	1-22-1929  D M NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH	,
	1 19-3-	7000	MD ITY OR TOWN OF DEATH	USA III. NAME OF H	OSPITAL NURSIN	WIDOW	ED DIVORCED DISTRIBUTION	Alle	gany In red	MD ID OF BUSINESS OR
51	1 557		umberland	(# HOT IN SUC)	rial Hosp	ADDRESS)			OF WORLHO LIFE) INDUST	
NND 2120	filled in	495U	AL RESIDENCE OF HUMBING HOME		Cumber	N I	VES NO INTERPRETATION	Route 4-N	/ZIPCODE Mexico Farm	s/21502
MARYL	1 10/0	14. 17	ATHER'S NAME Robe	rt D. Moi	ck		15. MOTHER'S MAIDEN NA	Anne Shanh		LAST
MORE	Pages 1		WAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES!	214-28-7	ALG.	Mr. Stanley	ADDRS	ESS	and MD
ECORDS, 201 W. PRESTO	bee require that the death bee required by the others with the representations, given been controlled and day replay, before thomas	CERTIFICATION	Conditions, if any, which gove rise to immediate costs (all stating the underlying costs last.  FART 2 OTHER SIGNIFICANT  THE DATE OF OPERATION		P. AS ( ) SEA STORE TO S		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	70h. IF YES, WERE FIN	NDINGS USED
ITAL RE	The state of the s	4	21a ACCIDENT WAS UNDERLYING	7 216 TIME O	F INJURY		1) E HOW INJURY OCCUR	TES NO	IN CERTIFYING CAUS	NO 🗆
N OF V	SECIAN OF Physical Central Control (1)	MEDICAL C	OR CONTRIBUTING C CAUSE OF D	EATH HOUR A.	M. MONTH D	AY YEAR		THE WORLD IN	STATE OF THE STATE	
DIVISIO	ATTENDING PHY paping or attend CTOR: After that if for use or the fit of Mealth and A	MED	Tid INJURY OCCURRED  WHILE AND WHILE  2000 222. Leetify of 1), (this has saw the defence drive appearance of the same of the s	Mari	MOTOR OFFICE	M	ed shart in (my) (dur) opinion	to And on the d	ff 87 attr and from	that (I) (we) fast the couses stated
-0	HOSPITAL OR FUNERAL DIRE old be destuction of the State Dept	1	224 PHYCIAN'S NAME 1149	iny		W	224 ADDRESS Memor		al Med. Bld	2-87
	5 5 5 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	73e	Dr. Terry W		1236	NAME OF	Cumbe	erland, MD 2	1502	
	BP		Burial	04-04-	The state of the s		ys Cemetery	Cit's GR 1GWH	nd Allegar	DV MD
	DHMH - 16 60M 7/84	24, F	James F. Scare	nelli C	Abmests		75e. DA1	E REC D. BY REGISTRAR	254 REGISTRAR'S SIGN	PERTURN

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STATE OF MARYLAND	
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QG.	NO.	0	lin	E.

Julia Divider Randale

20	17	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG	IENE QG. NO	9 0	22	
	{TYPE		FIRST	CAT	HERINE	HOE	BROCK			26 87	1030H <sub>M</sub>
200	3 SE2	FEMALE  RTHPLACE (STATE OR FO	OREIGN	4. RACE CAUS	• WHAT COUNTRY?	5. DATE C	18 00	6. AGE (IN YEARS LAST BIR 86 9. BALTIMORE CITY O	YRS.	MONTHS DAYS	HOURS MIN.
2	(	MARYLAN	D	USA		WIDOWE	D NEVER MARRIED DIVORCED DIVORCED DIVORCED	ALLEGA	ANY CO	OUNTY	MD.
		CUMBERLAND		ALLEG	CO NURS	NG HO		(TYPE OF WORK FOR MOST O	F WORKING LI		
1	13a. S	AL RESIDENCE (IF NURSI	ALLE		CUMBERLA	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /			
1	14. FA	CHARLES		MIDDLE G	RAHAM		NETTIE	WIDDLE		NORRI	
1		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES!	219-94-85 219-94-85	200 D	THE MEMOR	RIAL HOSPITA			
	TION		last.	DUE TO, O  (c)  CONDITIONS CO		NCE OF	striction L				
1	CERTIFICATION	19a DATE OF OPERAT				OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	IN CERTI	S, WERE FINDIN IFYING CAUSES ES	
1	MEDICAL CE	21g ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	) P.	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
	MED	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) saw the decease abave, (1) (we) (d	d alive on	4-	26 10 6	3 ) , ar	nd that in (my) (our) opinion of	deoth occurred on the do	ate and hai	ur and from the a	
		226. SIGNATURE	M.				DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAI	FF IAN []	22c. DATE !	27-87
1		R. J.	_	PEVA	JR			HOSPITAL	w	MB. MI	0. 21502
L		BURIAL, CREMATION, I	REMOVAL	236. DATE APRIL			emetery or crematory EST BURIAL PA				MD.
		UNERAL DIRECTOR ILCOX-MERR	ITT F	UNERAL	HOME "CUMB	ERLAN	ID MADYIT ASED	PRO 8 1087	1	TRAR'S SIGNATI	A

DHMH - 16 60M 7/84 (VRA 15, 4)

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	00 81 80	.auAi	FEMALE
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		AULEG ON HUN	OMATRIA ENTO
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BP. DHMH - 16 50M 4/ (VRA 15, 4)

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00	FOR STATE REGISTRAR			MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 87		623	
1. DEC	CEASED NAME OR PRINT)	LOIS	MIDDLE		CHINS	20 DATE OF DEATH		09 87	5;28
3. SEX	3. SEX FEMALE  BIRTHPLACE (STATE OR FOREIGN COUNTRY)		A RACE WHITE 75. CITIZEN OF WHAT COUNTRY? U.S.A.		OF BIRTH H 07 DAY 25 YEAR 23	6. AGE (IN YEARS LAST BIRT		MONTHS DAYS HOURS MIN	
(					D NEVER MARRIED ED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY			
	Cumberlar	id SA	ME OF HOSPITAL, NURSII OT IN SUCH FACILITY GIVE STREET ACRED HEART	HOSPI		120 USUAL OCCUPATK		OWN I	
13a S	aryland	Allegar	13t CITY OR TOV	VN		13e.STREET ADDRESS	ZIP CODE Water	St.,	2153
	Harry	MODUL	Hanson		15. MOTHER'S MAIDEN NAME FIRST Martha	MIDDLE		bert	
	VAS DECEASED EVER I YES, NO OR UNKNOWN)	N U.S. ARMED FOI (IF YES, GIVE WAR OR I		235-28-2806 Roger Hu		hins, Lau		Md. 20	708
CERTIFICATION	PART 2. OTHER SIGN HOMOOTO	IFICANT CONDIN	ETO, OR AS A CONSEQUE  (c) CONTRIBUTING TO  CONDITION FOR WHICH	DEATH BUT		usini INAL DISEASE OR CONF Hypulusin 190° AUTOPSY?	20b. IF YES.	7 4 4	
RTIFIC	21a. ACCIDENT WAS UND		TIME OF INJURY DUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURE	YES NO RED (ENTER NATURE OF INJUR	YES		NO [
_	OK CONTRIBUTING	HOUSE OF DEPITE							
MEDICAL CE	(# EITHER NOTIFY MEDIC  21d INJURY OCCURR  WHILE NOT WHILE AT WORK AT WOR	AL EXAMINER)  ED 21e. (AT )	P.M.  PLACE OF INJURY  HOME STREET, FACTORY, OFFICE,	FARM ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	IF EITHER NOTIFY MEDIC  21d INJURY OCCURR WHIE NOT WHAT AT WOR  22a.1 certify that (I)  sow the decease above, (I) (wee) (d)  27b. SIGNATURE	AL EXAMINER)  ED  21e. (AT)  (this haspital) atter d alive an (d) (dd att)  View th	PLACE OF INJURY	FARM ETC )	nd that in (my) (aur) apinion DEGREE		9 , 1 ate and hour	9_8 <sup>3</sup> /_, th	at (I) (we) la
	(IF EITHER NOTIFY MEDIC  21d INJURY OCCURR  WHILE NOT WHI AT WOR NOT WHAT AT WOR  22a.1 certify that (I)  sow the decease above, (I) (we) (d)	AL EXAMINER)  ED  21e.  (AT )  (this haspital) after a dive an odd) (ddddd) view the control of	PLACE OF INJURY HOME STREET, FACTORY, OFFICE, anded the deceased from Home bady after death.	FARM ETC )	nd that in (my) (our) apinion  DEGREE  ATTENDING PHYSICIAN	, to	9 , 1 ate and hour F IAN	9 X) , the and from the co	at (I) (we) la ouses stated

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Burst Puneral Rose, Prostours, 11d.

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Q <sub>EG.</sub>	2	6	2	4
REG.	NO.			

050039 /	1	FOR STATE 7 REGISTRAR		DEPART		EALTH AND MENTAL HYGI	ENE QEG. N	5 6	24	
4 - 4 14		CEASED NAME FIRST		MIDDLE	ı	AST			DAY YEAR	2b HOUR
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moy r. pog	3. SE	х	4. RACE	1 K 15 - 0	S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	HOURS MIN.
ector, p		female	white		1	2-13-1916	70	YRS.		
death. Poge uneral direct		RTHPLACE (STATE OR FOREIGN COUNTRY) PA	USA	F WHAT COUNTRY?	WIDOWE		Allegany	Co.	OF DEATH	MD.
ofter of the f		MBERLAND	(IF NOT IN SU	HOSPITAL, NURSIN JCH FACILITY, GIVE STREET AL HOSPITA	ADDRESS)	R OTHER INSTITUTION	124 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE PROPERTY O	F WORKING LIFE	E) INDUSTRY	home
within 24 hours letely filled in b  32 should be fi	USU. 13a. S	AL RESIDENCE (IF NURSING HO STATE MD 13b. C	ME OR OTHER INSTITUTION OF THE PROPERTY OF THE	134. CITY OR TOV		13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS 603 Hill	zip code	rive/2l	502
completely s 1 orad sh	14. F/	THER'S NAME FIRST James V	V. Kreger	LAST		15. MOTHER'S MAIDEN NAM	na Mae Hyat	t	LAS	ST.
		VAS DECEASED EVER IN U.S	ARMED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS		
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d ng arba or re		IVVV.		OR AS A CONSEOU	ENCE OF					
de d		Conditions, if any, which	h ( (b)_						1	
or other		cause (o), stoting the	DUE TO,	OR AS A CONSEOU	ENCE OF					
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(VRA 15, 4)		James F. Sca	rpelli, (	Cumberland	, MD	21502 A	PR - 8 1987	A die	Dendron	- Pancially

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FOR 3 STATE REGISTRAR I. DECEASED NAME

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DHMH - 16 60M 7/84

(VRA 15, 4)

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10. CITY OR TOWN OF DEATH Cumberland

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DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE / Geg. NS. 6		2 5			
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VE RESIDENCE BEFORE  34. CITY OR TOWN  CUMBER 12	٧ . ا	13d. INSIDE CITY LIMITS?	130.STREET APPRESS / ZIP CO	AVE	enue/2	1502		
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6b. SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS					
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ne for 101, 161, ond	0 -	Respirato	m Arrest		BETWEEN	MATE INTERVAL DNSET AND DEATH		
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210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURRED	ENTER NA	TURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)		
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	Y YEAR						
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						

21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a. I certify that (I) (this hospital) attended the deceased from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYER

270 ADDRESS Memorial Hosptial Medical Building Cumberland, MD 21502 Dr. Oamar Zaman

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [SPECIFY] Burial 04-25-1987 Sunset Memorial Park Cumberland Allegany

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

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James F. Scarpelli, Cumberland, MD 21502

Films 16A, 15 S.B.

burial

24. FUNERAL DIRECTOR

DHMH-16 60M 1/73

(VR A 15 (4))

1 - STATE

(TYPE OR PRINT)

REGISTRAR 1. DECEASED NAME STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATHS

Zion Memorial Park

2n DATE OF DEATH

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Cumberland 250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S, SIGNATURE APR 13 1987 Julia Devider Par

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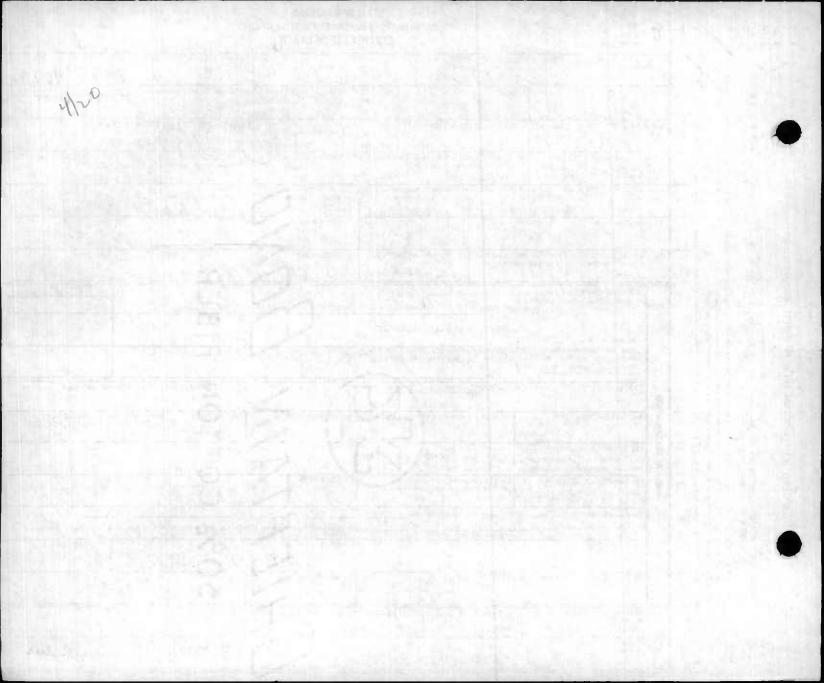
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Hawkins

IF UNDER 24 HR



HAFER FUNERAL HOME

REGISTRAR LAVALE. MD 21502

FOR NAT. HWY

1. DECEASED NAME

DHMH - 16 50M 4/83

(VRA 15, 4)

9. BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 17a USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Editorial Edit Newspaper 13e.STREET ADDRESS / ZIP CODE Oaklawn Ave. Ext. Mallow same as above Mrs. Joan R. Lancaster APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L'ORPART 2) CITY OR TOWN COUNTY STATI and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN BMG 912 SETON DRIVE, CUMBERLAND, MD 21502 Cumberland 21502 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR 24. FUNERAL DIRECTOR John J. Hafer, Jr. LaVale. MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 7b HOUR 8:00 Am

IF UNDER 24 HRS

IF UNDER TYPAR

DAYS

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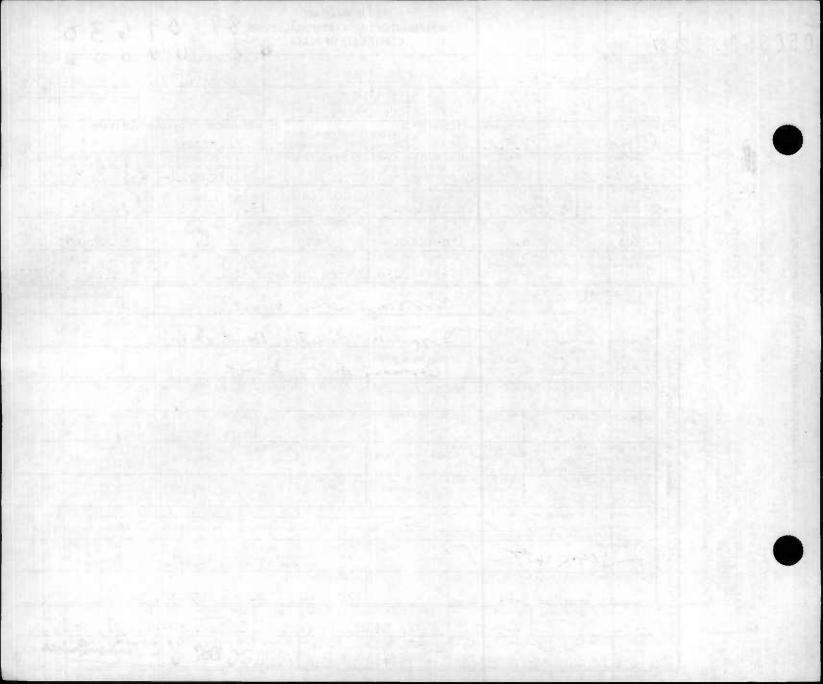
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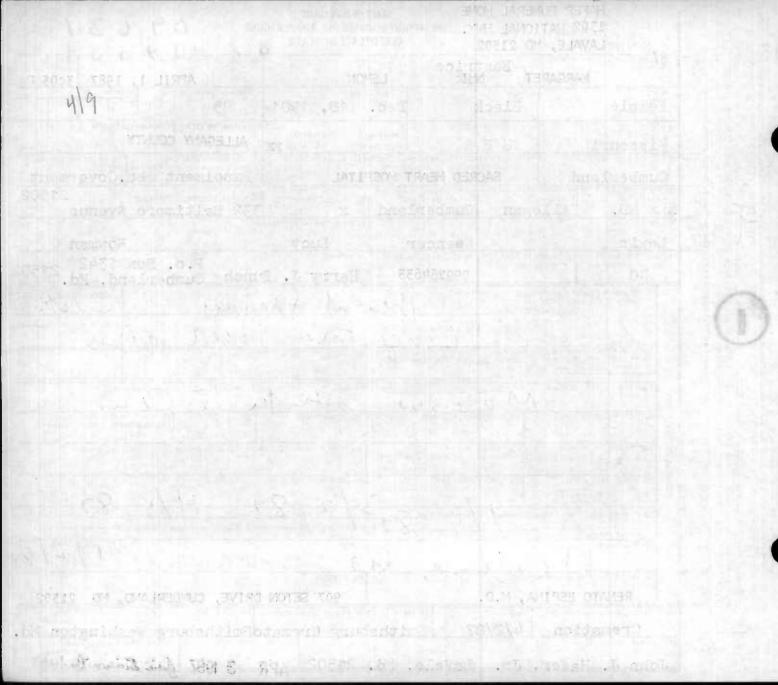
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7		220.1 certify that (I) (this ho sow the deceased alive above, (I) (we) (did) (did	on April	deceosed from 8	7, or	nd that in (my) (our) apinion o		til 6, 19 ate and hour a		that (I) (we) lost causes stated	
		226. SIGNATURE	1-1	0		DEGREE			22c. DATE	SIGNED	
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1		Jesus H. Tar				Frostburg Pl		vrg, MD	2153	2	
		URIAL, CREMATION, REMOV.	AL 236 DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		OUNTY	STATE	
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		INERAL DIRECTOR GEORG	,	ADDRESS		- 1 10	R 2.0 1987	Julia De	RESIGNA	URE CALL	
	20	2 Greene Stre	et-Cumber	iland, MD	2150	UZ AF	440 001				





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	1 -	FOR STATE REGISTRAR			DEPARTN		EALTH AND	MENTAL HYG DEATH	IENE O	9	63	2
3.7	I, DEC	EASED NAME	FIRST	h	AIDDLE	1.	AST		20. DATE OF DEATH		() '(j	21-THOUR
	The state of	OF PRINT)	OSEPH	ED	WARD	LI	LLY		April 28,	1987		11:40R
	3. SEX			4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
,		Male		Whit	е	Nov.		1909	77	YRS.	DATS	HOOKS MIN.
2		OUNTRY)	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	X NEVER	MARRIED -	9 BALTIMORE CITY O	COUNTY	F DEATH	13 (
bo		aryland		U.S.	A .	WIDOWE		DIVORCED [	Alleg	any		MD
		ry or town of DEA Cumberland		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET , ial Hospi	ADDRESS)	R OTHER IN	STITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Gen Mar	WORKING LIFE		F BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME COLING STATE 136 COU				13t. CITY OR TOW				13 STREET ADDRESS /	ZIP CODE Bank	St.	21545
and the second	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NAM	MIDDLE MIDDLE		- 145	ī
L		James			Lilly			Emma		Dowl	ing	
1		(AS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORA	MANT	ADDRE	SS		
	, ,	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		215-10-1	245	Anna	M. Lil	lly, Same	as 13		
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	D BY: E CAUSE (0)	Thes	ners	ting	Jacken	ì		BETWEEN O	MATE INTERVAL ONSET AND DEATH
		Conditions, if any,	which	DUE TO, O	R AS A CONSEQUE	nce of	ten				20	logs
		gave rise to imm cause (a), statin underlying couse	nediote g the	DUE TO, OI	R AS A CONSEQUE	NCE OF						
	z	PART 2 OTHER SIGN			ONTRIBUTING TO D	DEATH BUT	NOT RELATI	ED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	V IN PART 11	0 '
	ATIO	190. DATE OF OPERA			TION FOR WHICH	OPERATIO	N WAS PER	ORMED	19e. AUTOPSY7	70b. IF YES.	WERE FINDIN	NGS USED
1	CERTIFICATION	TW. DATE OF OFERA		17.0.00					YES -MO	IN CERTIFY	ING CAUSES	
1		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DE	HOUR A.	M. MONTH DA	YEAR	21c. HOW	INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	PT 1 OR PART 2)	
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		220.1 certify thor (1)					-18	19_ F7	4-0	15	9 87	that (we) last
		sow the decease obove, (A (we) (	ed olive on	view the body		P7.01	nd that is (m	(our) apinion	deoth occurred on the do	ote and hour	and from the	couses stated
		22b. SIGNATURE	M	Ulens		26	DEGREE	ATTENDING PHYSICIAN F	MEDICAL STAF	F IAN []	22c. DATE	SIGNED 36/87
		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e ADDR		derick Stre			

23c NAME OF CEMETERY OR CREMATORY

Cumberland, MD 21502

Rest Lawn Mem. Gdns La Vale, Allegany,

236. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAY

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

Dr. A. Bollino

23b. DATE

May 2,1987

Durst Funeral Home, Frostburg, Md.

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

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	EAM. The law inquires that the death certificate be executed within 24 hours after death. Page 4 may be absenced.	and the form of by the attending physicion and completely filled in by the funeral director, page 3
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STATE OF MARYLAND 049925 APR DEPARTMENT OF HEALTH AND MENTAL HYGIENE -13 STATE CERTIFICATE OF DEATH I. DECEASED NAME HOUR 6:38P. TYPE OR PRINTS Thomas Lindner W. 04-02-1987 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH male white 11-10-1920 66 TO CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED Allegany 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Memorial Hospital retired Balistics USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Allegany 13e.STREET ADDRESS / ZIP CODE 512 Forester Avenue/21502 130 STATE Cumberland YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME William L. Lindner Margaret Rohman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1 (1F YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) Mrs. Marguerite Lindner, Cumberland, MD-wife 214-05-6596 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the CERTIFICATION nevious Murran 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21f LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) C.J. Vincent M.D. 909-B Seton Drive, Cumberland, MD 21502 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 04-05-1987 Sunset Memorial Park Cumberland

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Md 21502

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	SEE SEES		PREIGN COUNTRY)			USA	OF WHAT	COUNTRY			EVER MARRIE	DU				DEATH	
	TH. IE ANY DELAY IS NECESSARY, PLEASE  A. S. AND TO THE PUNERAL DIRECTOR.  A. S. RETAIN PAGE 5 FOR YOUR FILES.  Q. S. SHOULD BE FILED, WITHIN THOURS.  (I) AL RECORDS, 201 W. PREST STREET.		ITY OR TOWN		ATU		DE HOSPITAL	L. NURSING HO		OWED D	DIVORCE		Alleg	ANY COL	unty	ND OF BU	ME
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	WI WI		18 CAUSE C	OF DEAT	TH (Enter onl	y one couse j	per line for (	a), (b), and (c).)		10 150		33			A	PPROXIMATE	INTERVAL
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ATE SHOULD BE EXECUTED BE WORD "PENDING" IN PITHE CHIEF MEDICAL EXAMENT OF HEALTH AND ME MENT OF HEALTH AND ME TO BURIAL, CREMATION,	Z	PART 2 OTHER S	IGNIFICAN	IT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NO	OT RELATED TO THE TE	RMINAL OIS	EASE OR CONDITIO	ON GIVEN IN PART	T 1 (a).					
A PE	"PENDII "PENDII FF MEDII FF AEDII HEALTH	MEDICAL CERTIFICATION	19a. DATE O	F OPER	ATION	19b C	ONDITION	FOR WHICH OP	ERATION	WAS PERFOR	RMED?				20	AUTOPSY?	
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<u> </u>	WORE CHENT	E E	210 EXTERN	AL CAU	SEWAS		IME OF INJU		21c	HOW INJURY	Y OCCURRED	) (ENTER NATI	JRE OF INJURY IN	ITEM 18 PART 1 OF		123 82	110 🖸
2		A P	UNDERLYING		OR CALLSE OF F			NTH DAY YE	AR								
oisi	ERTIF ING ED TO S SHO PRIO	20	21d. INJURY				P.M. PLACE OF IN	JURY (AT HOME,	21f.	LOCATION							
No.	이트를 없다는	W	WHILE AT WORK	TON C	WHILE C	STR	REET, FACTORY, F	ARM, ETC.)		STREET		C	ITY OR TOWN		COUNTY	- 19	STATE
	ATE, ATE, P.	10	220 I cert	ify that	I taak chorg	e of the remo	oins describe	d above, held an	Aut	opsy X.	Inspection		Inquiry .	and in my	opinion .		
	AND THE TANK		death resul	ted from	n: Notur	al couses X	. Acci	dent	ouicide [	, Homi	icide .	Undeterm	ined monner				
1	EERT NITE BOND		12.25					10		TITLE (	SPECIFY)						
	A AL		ACTUAL SIGNATURE	1	1/		11			M.Assi	stant	MEDICA	LEXAMINER	DA	TE SNED	1/9/8	7
	DIC TE	7	EVALUEDO	NIAME			/										
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR, PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		EXAMINER'S (TYPE OR PR	INT)		lliam		ne, M.D.		ADDRESS_	lll Pe	nn St	•	Bal	to.MI	).	
	PAT PAT P	23o. E	BURIAL, CREMA	TION,	REMOVAL 2	3b. DATE	7	23c NAME OF C	EMETER	OR CREMAT	ORY	23d. LOCA	TION	A 17 - 0	OWNER	MA ST	ATE
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FOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbonopetts. Pages with the State Dept. of Health and Minimal trying ne prior to burial, cremation, or removal.

ony injury, or other troumotic event, the medical ex

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIFICATE OF DEATHS	(RIG. N	3 5 3 5
	1. DECEASED NAME FIRST	MIDDLE	EAST	20. DATE OF DEATH	MONTH DAY YEAR 1 26. HOUR 6:15
	IRA	MITCHELL	LIPSCOMB	April 10,	1987 P.M
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	June 25, 1903	83	YRS.
-	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
)	W. Va.	U.S.A.	WIDOWED DIVORCED	4 4 4	V MD.
À	10. CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126 KIND OF BUSINESS OR
	Cumberland	(IF NOT IN SUCH FACILITY, GIVE STREET  Memorial Hospi		Retired	f WORKING LIFE) Celanese Cor
	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		
		egany Rawlin	gs   YES □ NO X	Rt 3 Box	196 21557
(	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	TALL
	Elemuel	M. Lipscomb	Alice	-	Van Meter
1	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	SS
	No No	232-09-0	184 Lena Lipse	comb Rt 3 F	Rawlings, Md.
	18 CAUSE OF DEATH (Enter of	nly one couse per line for (o), (b), an	d (c).)	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE		TATIC CARC	INOMA	
	IMMEDIA		PORATION		
	Conditions, if ony, which				
	gove rise to immediate couse (a), stating the				
	underlying couse lost.	DUE TO, OR AS, A CONSEQUE	JU TRITION		
	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
	20				
1	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
1	AT .			YES TI NOXT	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
Š	210. ACCIDENT WAS UNDERLYING		216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	
9	OR CONTRIBUTING CAUSE OF DE		AY YEAR		
-	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	211. LOCATION		
	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TO	WN COUNTY STATE
1	AT WORK AT WORK				
	saw the deceased olive or	ital) attended the deceased from		n deoth occurred on the do	te and hour and from the causes stated
	226. SIGNATUR	of view the body ofter death.	DEGREE		22c. DATE SIGNED
			ATTENDING	MEDICAL STAF	F
1	22d. PHYSICIAN'S NAME THE	the office of			1 Medical Building
	Dr. H. Merri	1000		erland, MD 2	
	230 BURIAL CREMATION, HE MENT	THE DATE THE	AME OF CEMETERY OF CREMATORY	23d LOCATION	
	(SPECIFY) Burial	13 Apr. 87 Po	otomac Mem. Gar	dens Weys	
	24 FUNERAL DIRECTOR				256 JEGISTRAR'S FIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If hem 21 is marked at

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AND LOUIS TO DESCRIPTION OF THE PARTY OF THE				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the contract cate be executed within 24 hours offer retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the unsuring hysician and completely filled in the should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mantal Hygiene prior to buriol, cern for mover.
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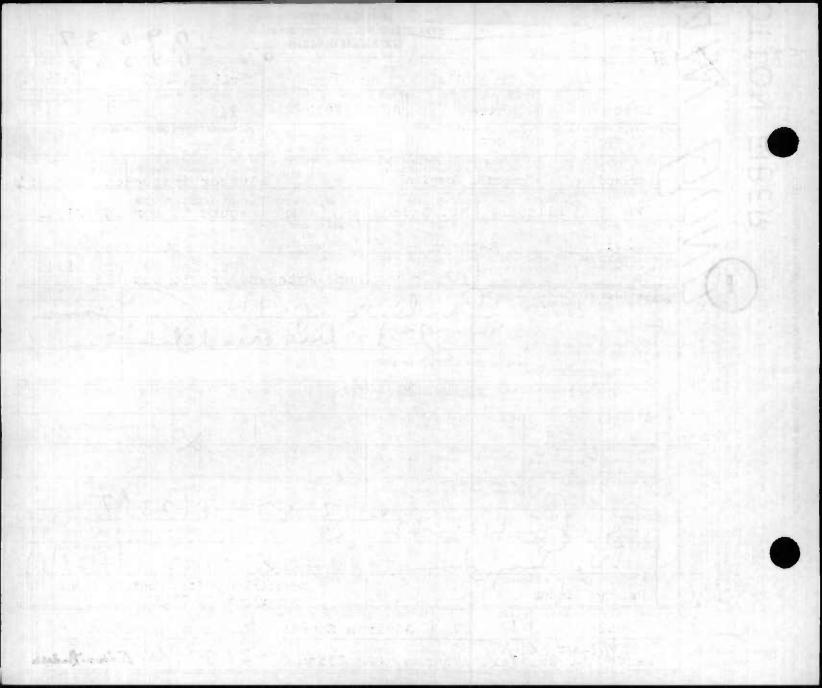
	1-	FOR 404 STATE Cum	Deca	atur Streetera and, Md. 2150	RTMENT OF H	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE				
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ge 4 recto		FEMALE		WHITE	MAY	1 1895	91		YRS.		
135		RTHPLACE (STATE OR FOREM	SN 17b.	CITIZEN OF WHAT COUNT	RY?   8 MARRIED WIDOWE	NEVER MARRIED D	9 BALTIMORE Alleg			EATH	MD.
2 53	CU	MBERLAND		NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST Sacred Heart	RSING HOME O REET ADDRESS) Hospit	ROTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO		ORKING LIFE) IN	L KIND OF DUSTRY	BUSINESS OR
ly filled in should be should be remarks!	13a. S		COUNTY		OWN	13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADI	DRESS / Z		21502	)
omplete with		WILLIAM	MIDI	R. SMIT	Н	E IZABET		ADDRESS	KIN	G	
be execu		VAS DECEASED EVER IN L ES, NO OR UNKNOWN) (IF		D FORCES? 166 SOCIALS AR OR DATES] 214055	2/0	RUTH CARTER I	PO BOX 1		ONARDTO	JWIN MIT	20650
pysicic pper percol.		PART I. DEATH WAS	nter only of			HEART FAIL	urf			BETWEEN ON	SET AND DEATH
ounatic		Conditions, if any, wh	ich (	DUE TO, OR AS A CONSE	OVENCE OF	populación	1			3 a	148
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equires the signed Then plect to buriol njury, ar	NO	PART 2 OTHER SIGNIFIC	ANT CON	NDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE C	R CONDIT	ION GIVEN IN	PART No	
he low re on. has been t permit.	CERTIFICATION	19a DATE OF OPERATION	1	196. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	20¢ AUTOPS	Y? 2	OLIFYES, WER CERTIFYING YES	CAUSES O	S USED F DEATH? NO
SICIAN: T ing physici certificate uriol-transi hem 8 sig		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	216, TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY II	HIEM IS PART I O	RPART 2)	e di
PHY this do nd M	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK  AT WORK		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		21E. LOCATION STREET		LTY OR TOWN	C	OUNTY	STATE
ATTENDING spital or att cTOR: After d for use as t d for use as t and the oth a		22a I certify that (I) (this	live on	ottended the deceased from 1	67	d that in (my) (cor) opinion	. 10	n the date	9 19 and haur and		at (th (we) lost uses stated
OR DIRE		22b. SIGNATURE	1	1/_		EGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		HATE S	87
TO HOSPITAL retained by the TO FUNERAL should be determent with the State to MAPORTANT:		Dr. Bruc				912 Seton D	rive, Cu	mber1	and, Md	. 215	02
BP		URIAL, CREMATION, REM SPECIFY) BURIAL			SS PETE	METERY OR CREMATORY R & PAUL CEMT	T. CUMBER	REAND	ALLEĜĂ	NY MA	RYL'AND
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	INERAL DIRECTOR SILCOX—MERRI	IT FU	NERAL HOME °C'	ÎMBERLAN	D MARYLAND	PECD. BY RES	ISTER STATE	REGISTRAR'S	SIGNATU	Randall

Fileward Commend to a No. Alexandra Commendation Commendation (No. 21302)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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						STATE	OF MARYLAND						
	1 -	FOR STATE	-		DEPARTM	1	EALTH AND MENTAL HY	GIENE	0	9	6 Z	7	
00011		REGISTRAR				CERTIF	CATE OF DEATH	2	REG. NO		9		
033 1/1-		EASED NAME	EIRST	٨	MIDDLE	U	AST	2a. D'ATE OF	DEATH	NON!	€ P	26. HOUR	
be the	(TYPE	OR PRINT) AR	THUR		MYLES	M	IATHEWS	April	-			6:15 A <sub>M</sub>	
a b	3. SE)			4. RACE		5. DATE C		6. AGE (INYE	ARS LAST BIRTH		ONTHS DAYS	HOURS MIN.	
rector.		Male					16/1912 YEAR	74		YRS.		HOURS MIN,	
nerot din		RTHPLACE (STATE OR FO	OREIGN	USA WHAT COUNTRY?			NEVER MARRIED   BALTIMORE CITY OR CO			COUNTY OF DEATH  MD			
ofter d		iyor town of DEA	TH	11. NAME OF HOSPITAL, NURSING H  (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRI  Memorial Hospital			DDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
be fi	USU	AL RESIDENCE (IF NURSI		OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	THE STATE OF THE S			111-11-1	101	lumber.	
iffed wild with the state of th	130 5	MD MD	All	egany	Mt. Say	vage	13d. INSIDE CITY LIMITS? YES NO 🔯	13e.STREET A			183/	21545	
草 章 人	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA						
P PEC RO		David		Mathews Mae					McClintock McClintock				
1 1 1		AS DECEASED EVER I		MED FORCES?	16b SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS					
	()	ES, NO OR UNKNOWN)	(#F YES, GIV	E WAR OR DATES)	217-03-0	856	Anna Mathe	ws, Rt	sav	Box	183.	21545	
e deoth certifica e ottending fry move cortem troumotic		Conditions, if ony,	AS CAUSE IMMEDIA <sup>1</sup> which rediote	D BY: TE CAUSE (o) DUE TO, OF	AS A CONEQUE	ACE O	· Silt	t h	D		go	BAST MOESVAL ONSET AND DEATH	
that the day the lease re rol, crem		couse (a), stoting underlying couse		DUE TO, OF	r as a conseque	NCE OF						2 2	
signe Then pl to bur njury, e	NO	PART 2. OTHER SIGN	IFICANT (	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR COND	ITION GIVE	N IN PART 1	01	
on. hos beer t permit. ene prior	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTO	PSY?			NGS USED S OF DEATH?	
SICIAN: T ag physicr certificate riol-tronsi entol Hyg frem 18 sh		210. ACCIDENT WAS UNDO OR CONTRIBUTING C.	AUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RED (ENTER NAT	URE OF INJURY	(IN ITEM 18 PAR	RT I OR PART 2)		
PHYS tending this con the burned Me	MEDICAL	21d. INJURY OCCURR		21e. PLACE O		RM ETC	211. LOCATION		CITY OR TOW	/N	COUNTY	STATE	
en or of or		220.1 certify that (I)	(Mrs. Hospi	ral) attempted the	decreased from_	74	12 19 8	), to	+	2-3,	-	tha (I) (we) lost	
R ATTE hospite ed for pt. of em 21		saw fibe decease above, N (we) (di 77h SIGNATURE	d did no	view the bedy	over death.	-	d that (n (m)) (our) opinion	deoth occurred	on the dot	te and hour	22c. DATE		
TAL OF RAL DIS detoch tote De VI: IF IF		W.	19	-	-		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICI	F IAN []	47	13/W	
retoined by TO FUNERA should be de with the Stot		Dr. Guy I						ial Hos			cal Bl	dg.')	
5 5 5 4 3 X	23o. E	URIAL, CREMATION, F	REMOVAL	73h PATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCA	TION		THE STATE OF		
BP	_	Burial	11	A/25	/87 I	Addis	on Cemeter				erset		
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	Harvey H	Hze.	igYer,	Hyndman	n, PA	15545 250 DA	R 271	GISTRAR 2		Dender	Condeta	



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

	STA	TE	OF I	AN	RYL	AND
DEPARTMENT	OF	HE	ALT	H A	ND	MEN

NTAL HYGIENE

1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REGNO. Q	7 0
	CEASED NAME FIRST	a C. Matthews	last	26 DATE OF DEATH MONTH 4/16/87	9;10a
3. SEX	x Female	4. RACE White	5. DATE OF BIRTH  MONTH DAY YEAR  9/27/98		IF UNDER TYEAR IF UNDER 24 HR
70. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? United States		877	OF DEATH
F	rostburg	Frostburg Commun	ng home or other institution nity Hospital	121_USUAL OCCUPATION (171-OMOTHER COMORKING LIFE	12b. KIND OF BUSINESS (INDUSTRY OME
130 S	rostburg 136. COU	or other institution, give residence befor JNTY 13c. CITY OR TOV 11eg Frostbu	wn 13d. Inside City Limits:	1 Kaylor Circle	e, Froshtburg
V	Jessie	MIDDLE Kifer	15. MOTHER'S MAIDEN Martha	E. MIDDLE Fa	zenbäker
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTION (16 SOCIAL SECTION	-6770 HughE.Mat	thews Jr., Lonac	
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	2 day			
CERTIFICATION		(0)	Organie Brow	200 AUTOPSY? 20b. IF YES IN CERTIF	EN IN PART Train,  WERE FINDINGS USED YING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH D	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	(FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		pital) ottended the deceased from 193 and 193 and view the body after death.	, and that in (my) (our) opini	on death occurred on the date and hour	19, that (1) (we) r and from the couses stated
	22b. SIGNATURE	SI Soundh		STAFF DIRECTOR   PHYSICIAN	220. DATE SIGNED 4/16/6
	Dr. S. L.	Sandhir		rrace, Frostburg,	MD 21532
230. E	BURIAL, CREMATION REMOVA (SPECIFY) Burial	April19,1987			
24 FU		<sup>23b. DATE</sup> April 19, 1987	NAME OF CEMETERY OR CREMATOR 7 Mt. View Cem.	RY 23d. LOCATION	1°

Latin Committee Committee		p liftigation (1)	5467	1.5
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Letters er., Compositor. G.	. Property Creek	4-71		
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5 1	3 5 5 AFR	11	FOR STATE REGISTRAR		DEPARTA	MENT OF HEA	F MARYLAND LITH AND MENTAL HY ATE OF DEATH	GIENE	REG. №©.	2 6	3	9
			ECEASED NAME FIRST		MIDDLE	LAST		2a. DATE	OF DEATH	NTH DAY	YES	26 HOUR
	be es es	(17)	PE OR PRINT) HOWAR	WI	LLIAM	McC	CRAY	Ap	ril 12	, 198	7	9:10a <sub>m</sub>
	od od	3. S	X	4 RACE	5-3-3-3-11	S. DATE OF		6. AGE	IN YEARS LAST BIRTHD	AY) IF U	VDER I YEAR	IF UNDER 24 HRS
100	de 4 rs off		Male	Cauca	sian	July	18, 1908	**	78	YRS.	HS DAYS	HOURS MIN.
	rol dir	70.6	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTI	MORE CITY OR	COUNTY OF	DEATH	
	de out		MD	USA	4	WIDOWED [			llegany	y		MD.
=	offer of with	10.0	Mt. Savage		HOSPITAL, NURSING STEET		/ 21545	(TYPE OF V	ALOCCUPATION YORK FOR MOST OF W Gent	ORKING LIFE)	NDUSTRY	rance
D 2120	4 hours			NO THE RINSTITUTION OF THE OR OTHER INSTITUTION	1, GIVE RESIDENCE BEFORE	ADMISSION)	d. INSIDE CITY LIMITS?	13e.STREI	T ADDRESS / Z	IP CODE		
MA	2 = 2 E	14.	MD AL	legany	Mt. Sa		YES NO X		156C,	Rout	9 1/	21545
MARY		0	Frank	B.	McCray		Grace	MIL	E .		raus	r
MORE,	Poged		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	ARMED FORCES?	220-10		Edna McC	ray,	ADDRESS Box 15	Mt. S	avage	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	physicion an popers. emavol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse pe USED BY: DIATE CAUSE (o)	rling of fat, (by, and	hie (	pua				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
RESTON	deoth ce attending nove carb otion, or r raumatic		Conditions, if ony, which		OR AS A CONSEQUE	Gov	i of y	lu l	Pier	- Pa	LA	prken
W.PI	that the		couse (a), stating the	DUE TO, C	R AS A GONSEOUE	ENA OF	Work B	Keto	Nels-	>ch	ouis	azpre
RDS, 20	equires in signed Then pluri r to buri injury, o	NO	PART 2 9THER SIGNIFICA	NT CONDITIONS C	CHELLE 6	DEATH BUT NO	DI RELATED TO THE PER	MINAL DISE	ASE OR CONDIT	ION GIVEN	N PART 110	Hepailely
AL RECO	an. has been to permit.	CERTIFICATION	I TE OF OPERATION	19b. COND	OITION FOR WHICH	OPERATION	WAS PERFORMED	20a A	1	Ob. IF YES, W N CERTIFY IN YES	G CAUSES	
OF VIT.	ySICIAN: T ding physici s certificate burial-transi Mental Hygi rr Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE FITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A	DEINJURY m. MONTH DA	AY YEAR	11c. HOW INJURY OCCL	IRRED (ENTE	R NATURE OF INJURY II	NITEM IB PART	ORPART 2)	
VISION	G PHYS or this or the buri	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	2	II. LOCATION STREET		curi de rown		COUNTY	STATE
Ī	ipitol or complete		22a 1 certify that (I) this h sow the deceased oliv obove, (I) (we) (did) (di	on_3/	14 19	2), ond	that in (my) (our) opinio	e death ocy	rred on the dote	ond hour on		that (I) (we) last causes stated

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Item 21

224 PRYSICIAN'S NAME (THE CRESHILL)

R. Felipa, MD

23b. DATE

RD, Hyndman, Bedford, PA 230. BURIAL, CREMATION, REMOVAL Burial 04/15/87 Porter Cemetery Hyndman, PA 15545 Zeigler,

DEGREE

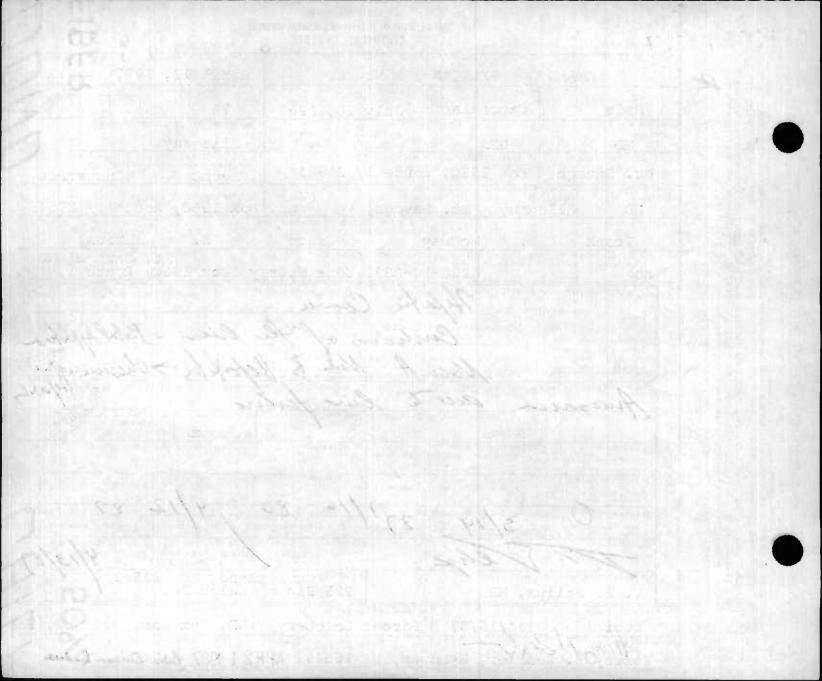
23c. NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

<sup>22e. ADDRES</sup>Cumberland, MD 925 Bishop Walsh Dr.

Th. DATE SHANE

21502



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- 51				LICTE	ANII

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Sec.	NO	-		

HAV	1-	FOR STATE REGISTRAR			ERTIFICA	H AND MENTAL HYG	/ REG. NO	0 4	ü		
HAY	1. DECEASED NAME FIRST MARY		ELIZAI	BETH M	CDONAL	D	2a. DATE OF DEATH MONTH DAY YEAR. 2b. HOUR April 26,1987 6:25				
	3. SE		4 RACE		DATE OF BIR		6. AGE (IN YEARS LAST BIRT		ER I YEAR	IF UNDER 24 HRS	
		Female	Cau		MONTH	12° 1898	89	MONTHS	DAYS	HOURS MIN.	
10/1		RTHPLACE (STATE OR FOREIGN )	7b. CITIZEN OF WHAT	COUNTRY2 8			9. BALTIMORE CITY OF	YRS.	EATH		
No to		COUNTRY)	U.S.A.		MARRIED 🔼	NEVER MARRIED DIVORCED	Alleg	any		MD.	
of the control of the		ty or town of death	11. NAME OF HOSP (IF NOT IN SUCH FACIL Memoria	ITAL, NURSING P LITY, GIVE STREET ADDI A1 HOSDI	RESS)	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemake)		KIND OF	BUSINESS OR	
	13a. S	AL RESIDENCE IF HURSING FOME OR STATE  WV Mine	OTHER INSTITUTION, GIVE R		MISSION)	INSIDE CITY LIMITS?	13e.STREET ADDRESS / Wate)	zip code r Stree	t9	26726	
1190	MA EA	ATHER'S NAME	M DOUX	CAST	15. N	NOTHER'S MAIDEN NA	ME		LANT	ALM .	
X		L.	CHICAGO CONTRACTOR CON	ewcomb		Della	Alic	ce	New	comb	
15			Chicago tradetta	SOCIAL SECURIT 34 <b>√3</b> 8−78	111111	NFORMANT	ADDRE	22 Hith S		ter St	
0		No -	23	10-10	29 G	arrett M.	McDonald	Keyser	-	26726	
injury, ar other traur	NOI	Conditions, if any, which gave rise to immediate cause to stating the underlying cause last.  PART 2 OTHER SIGNIFICANT O	DUE TO, OR AS	EAT WE TO DEA	ATH BUT NOT	CAD,					
(uo sou)	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OP	PERATION WA	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES [			
Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. P.M.	MONTH DAY	YEAR 19		RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OI	R PART 2)		
orked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA		Im	PIO 8	Amit	26 8	37)	STATE	
m 21 is m		27a.1 certify that (1) (the house sour the necessed alive an above, i) (we) (did to	muz	debuth.			deoth occurred on the do	te and hour and		hot (I) (we) lost ouses stated	
77. If the		Theur	m	n	DEGF	ATTENDING PHYSICIAN	DIKECTOK THITSIC	IAN .	42	784)	
IMPORTANT: If Item 2		Dr. Terry V					rial Hospita e., Cumberla		215	02 02	
<u> </u>		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 4/30/87			emetery	Junction Junction	Hamp			
7/84	24 FI	UNERAL DIRECTOR  Craig Rotruc	k 85 S M	lain St	Keys	er, WV	AYO 6 1987	Julia Den	SIGNA	RE Jack	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been significate by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buring an

O HOSPITAL OR ATTENDING PHYSICIAN: The low

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(8/7/27/2)	X XXX		
Junction Henograph	Y Arnola Cemetery		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIFICATE OF DEATH

1	1 - STATE REGISTRAR		DEPARTA		ICATE OF DEATHS	/ AG, N	9 5	4		
	DECEASED NAME	FIRST	MIDDLE LAST			20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	R
ł	(TYPE OR PRINT)	THOMAS	VERNON	Mo	CDONALD	April 5, 1	1987		11:3	OA
3	SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER	24 HRS
L	male	white	9	MONTH	10-14-1915	71	YRS	MONTHS DAYS	HOURS	MIN.
挹	MIRTHPLACE (STATE OF	FOREIGN 76. CITIZEN O	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
ľ	WV	USA		WIDOWE		Allegany				M
1	ocity or town of de Cumberland	JIF NOT IN SI	HOSPITAL, NURSIN DCHFACILITY, GIVE STREET Lal Hospit	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O TETITED C	F WORKING LIF	12b. KIND C INDUSTRY Tal		
	SUAL RESIDENCE (POUR LE STATE WY	Ning Home or other Institution Mineral	N. GIVE RESIDENCE BEFORE 13c. CITY OR TOW RIGGEL		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS ROUTE 1/	ZIP CODE 26753	98	99	9
12	ATHER'S NAME				15. MOTHER'S MAIDEN NAM			-	-	
V	T	homas P. McDo	onald 'A'		Alic	e E. Englan	d	LAS	iT .	
1	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		y T	
1	yes	(IF YES GIVE WAR OR DATES)	232-01-2	957	Mrs. Hazel M	cDonald, Ri	dgele	y, WV-W	ife	
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter only one cause powas CAUSED BY:)	CAPDIA	dien)	FAILURE	+ INFA	RCH	D. W. BETWEEN	MATE INTER ONSET AND	DEATH
	Conditions, if any gove rise to in couse (a), state underlying cous	y, which namediate ing the e lost.   DUE TO, (1c)	S EVER	ARD NEOFA	IAL ANOX NEMIA 2"	N BLOOD	205	5		
		ASTRUINT			BLEEDIN	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	o	
	19a DATE OF OPERA	ATION 196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIFYING CAUSES	NGS USED OF DEAT	TH?
1	21a. ACCIDENT WAS UP		OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IB P	ART 1 OR PART 2)		

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22. ADDRESS Memorial Hospital Medical Bldg Cumberland, MD 21502 Amado Torres 23d LOCATION
CITY OF TOWN
Grafton 23a BURIAL, CREMATION, REMOVAL 73 DATE 231. NAME OF CEMETERY OR CREMATORY

Burial 04-09-1987 Wesley Chapel 24. FUNERAL DIRECTOR

STATE

(VRA.15, 4)

James F. Scarpelli, Cumberland, MD 21502

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OR ATTENDING PHYSICIAN: The low

IMPORTANT: If them 21 is morked or them 18 street and lighty, or other troumotic event, the medical exo

STATE OF MARYLAND

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	CERT	IFICA	TE OF	DEAT	男

1	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYO	GIENE Dec. 3	2 5 4	1 2	
H-DI	ECE ASED NAME FIRST	MIDDLE	4	AST	20. DATE OF DEATH	MONTH DAY	YEAR	7b HOUR
	FRANCI	S A.	MCKE	NZIE	April 22,	1987		6:15 A <sub>M</sub>
3 SE	EX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF U	THS DAYS	IF UNDER 24 HRS
	Male	White	Oct		71	YRS.	INS DATS	HOURS MIN.
70. 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Marvland	76. CITIZEN OF WHAT COUN	TRY? 8  MARRIE  WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		DEATH	440
	umberland	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE Memorial Hosp	URSING HOME C		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Driver	ION OF WORKING LIFE)		MD DF BUSINESS OR
13a. <b>Ma</b>		NTY 13c. CITY OR	BEFORE ADMISSION) TOWN Stburg	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS Rt. 2,		34, 2	21532
14. F	TATHER'S NAME Leonard	Mc Kenz	zie	15. MOTHER'S MAIDEN NA Edna	AME	Sm	iith <sup>'^5</sup>	ı
160	WAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES) 21/1/0	7-3103	Teresa Me	Kenzie, S		130	
CERTIFICATION	1	DUE TO, OR AS A CONS  (b) DUE TO, OR AS A CONS  (c) CONDITIONS CONTRIBUTING  CONDITIONS FOR W	EQUENCE OF		WINAL DISEASE OR CON	20b. IF YES, W	ERE FINDIN	NGS USED
RIFI	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES [		NO [
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	I DAY YEAR	HOW HOOK! OCCUR	LEWIER NATURE OF INJ	JET IN HEM 18 PARI	JREARIZ)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
	220.1 certify that (1) (this hasp saw the deceased alive a	11 00	1987, 0	nd that in (my) (aur) opinion DEGREE	/	date and haur ar		
+	274 PHYSICIAN'S NAME COM	- V		Tan- ADDRESS	MEDICAL STA	CIAN	4-7	23-87
	Dr. Barrera			Memor	ial Hospita erland, MD 2	1 Medic	al Bu	ilding
230	BURIAL, CREMATION, REMOVAL (SPECIF BURIAL)	Apr 21 187		on Cemeter	23d LOCATION CITY OR TOWN		OUNTY M	Id. STATE
24	FUNERAL DIRECTOR  Durst Funer	ral Home, Fr		25a. DA	R 2 8 1987	Pala Da		

DHMH - 16 60M 7/E (VRA 15, 4)

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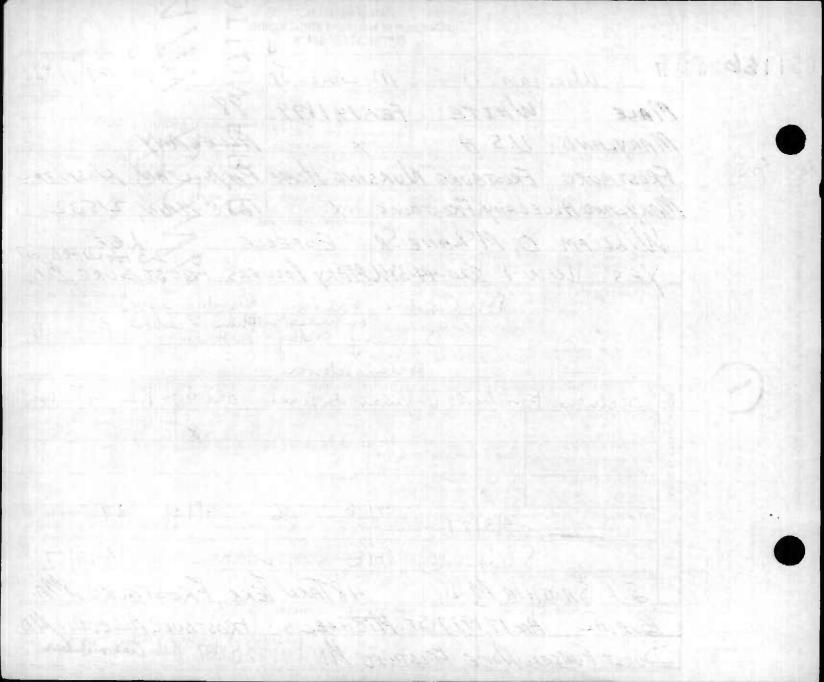
TO FUNERAL DIRECTOR, After this certificate than should be detached for use as the burial-trans with the State Dept. of Health and Mental Hys. etained by the hospital or attending physician.

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BAL cote ysicie oper oper ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe	r line for (a), (b), and	d (c).1	MI	-tat	600	1./.	1.	BETWEEN	XIMATE INTERVAL
ST.,			TE CAUSE (o)	Enastr	19R /	1618	SIAlic	8-2011	FCINO	77_		
orth c endir n, or motic			DUE TO, C	OR AS A CONSEQUE	NCE OF			CA	RCINO	DW W		
e de e de move		Canditians, if any, which gave rise to immediate	(p)_									
		cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUE	NCE OF							
2.20	7	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO [	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDIT	TION GI	VEN IN PART 1	Io
	CERTIFICATION	19a DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOF			S, WERE FIND	
The second secon	IFF							YES	NO		IFYING CAUSE	NO [
Sician: The physician centificate for mid-transition from the mid-transition from 18 shope referred to the mid-		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A	OF INJURY I,M. MONTH DA	AY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTERNATE	IRE OF INJURY I	N ITEM 18	PART 1 OR PART 2)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law representation of completely filled in by os the buriol-transitiper mix the metanding physician and completely filled in by os the buriol-transitiper mix the metanore corbon papers. Pages 1 and 2 should be fill the and Mental Hygiene price must be more corbon papers. Pages 1 and 2 should be fill the and Mental Hygiene price must be more corbon papers.	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY		211 LOCAT		16 23	CITY OR TOWN		COUNTY	STATE
Se os mor		22a. I certify that (I) (this hasp	oital) attended t	he deceased from_			. 19	, ta			. 19	, that (I) (we) last
TTEN Sitol For U		saw the deceased aliveyor obove; (I) (we) (did n	of view the book	19_	, ar	nd that in (my	r) (aur) apinian	death occurred	on the date	and ha	ur and from the	e causes stated
REC Hed Herm		27b. SIGNATUR	OLI MEN THE DOC	r oner deam.		DEGREE		1			22c DAT	E SIGNED
AL DAL DAL DO STE DO ST		21/91	Maria	m			PHYSICIAN [	DIRECTOR [	STAFF PHYSICIA	N	4-1	4-87
NER.	1	274 PHYSICIAN'S NAME (TYP	OR PRINT)		11.2	22e ADDRE	SS		A D			
to HOSPIT etoined by TO FUNER should be of		Dr. Gary	Wagoner			925	Bishop V	Walsh R	oad.	Cumb	erland.	Md. 2150
anacit		BURIAL, CREMATION, REMOVA				EMETERY OR	CREMATORY	23d. LOCAT			COUNTY	STATE
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7 249 6		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR COI	NDITION GIVEN IN PART 1:	463
1 111/2	Z	DC . 1	Dein bloom 1/6	Str. On De	asi. old a	Je Pulmer	Embolis
	CERTIFICATION	19g DATE OF OPERATION	LIST CONDITION FOR WHICH	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND II	NGS LISED
o de de	Ö	148 DATE OF OPERATION	178 CONDITION FOR WHIC	CH OFERATION WAS FERFORMED	0.5	IN CERTIFYING CAUSES	OF DEATH?
40 40 100	1 2				YES NO	YES 🗌	NO 🗌
2 1 2 2 1 m		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY O	OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART 2)	
D. 10117	1 ×	OR CONTRIBUTING CAUSE OF DE	AIR	19			
S Mary day	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		OWN COUNTY	STATE
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20年 日本日本		22b. SIGNATURE	07 1	DEGREE ATTEND	DING MEDICAL ST	AFF 221. DATE	SIGNED
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E 4 8 8 7		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	11	•	100
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(VRA 15, 4)	~	DURST FUNER	ALYHOME HEL	STBURG 11D.	APK Z () 1301		
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m		ECEASED NAME PE OR PRINT)	FIRST	St. Lon	MIDDLE	י	AST DEATH	20. DATE OF DEATH		AY YEAR	26 HOUR
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L	3. S	Male	K	White		A pare	il 6, 1899	6. AGE (IN YEARS LAST BIR	YRS	F UNDER I YEAR	
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ins prior to buriot, creminas ony injury, ar other	IFICATION	couse (a), state underlying cous	ing the e lost.  SNIFICANT CO	onditions co	ONTROUTING TO I	ENCE OF DEATH BUT	NOT RELATED TO THE TERM  AUCLASE  N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY	, WERE FIND YING CAUSE	INGS USED S OF DEATH
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requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR, After this certificate hos been signed by the attending physical should be detached for use as the buriol-transit permit. Then plants remove comban papers with the State Dept. of Health and Mental Hygiene prior to burial. Cremation or removal.

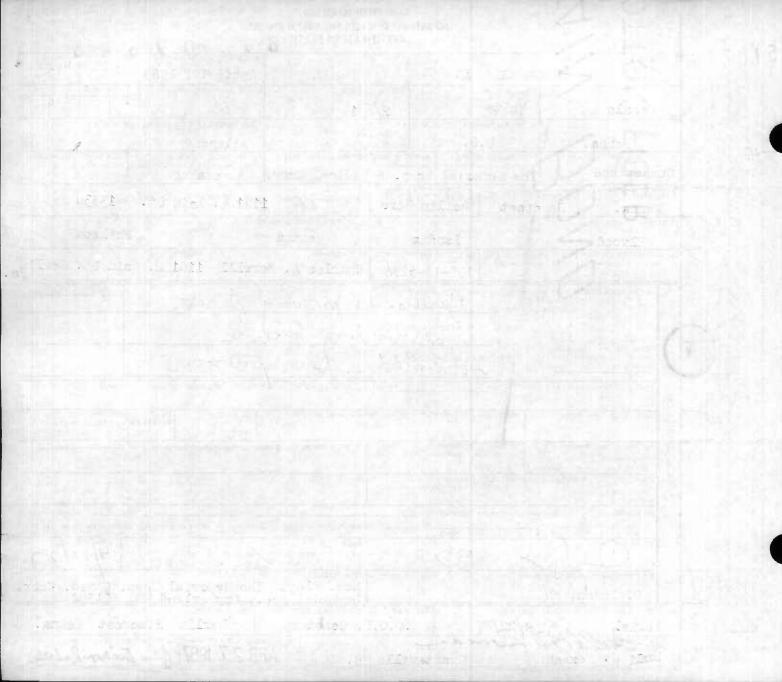
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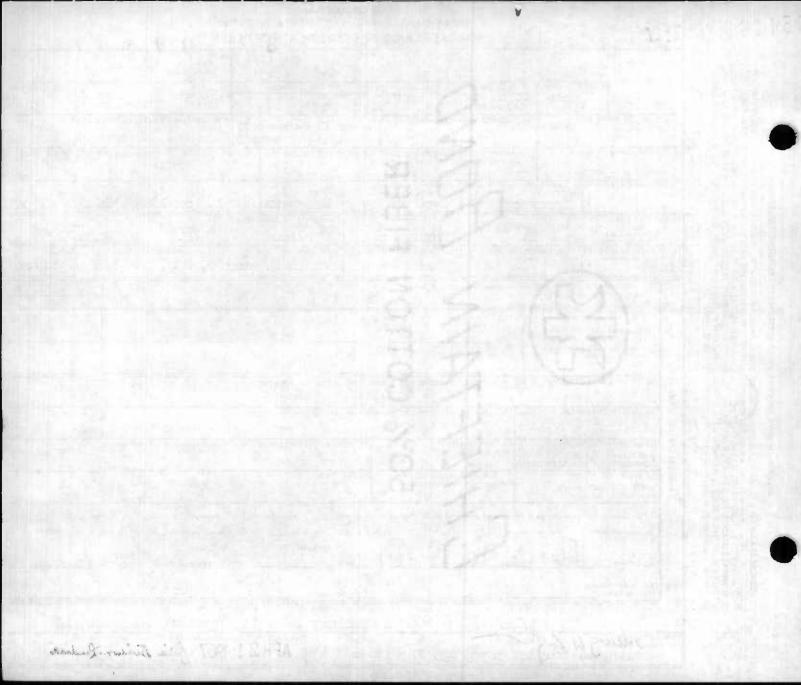
(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

#### STATE OF MARYLAND

	1.	STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	RECNO. Q	40 41	-
G AP		CCEASED NAME FIRST	MIDDLE	l	AST	20. DATE OF DEATH MONTH	DAY YEAR	8:20
	11.65	ELIZ	ZABETH L.		MERRILL	April 19, 1987		A M
	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	White	2/6	5/19 DAY YEAR	68 yrs.	MONTHS DAYS	HOURS MIN.
5/6		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
1	1_	Penna.	U.S.	WIDOWE	D DIVORCED	Allegany		MD
Par Comment	1	inty or town of death imberland	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S The Memorial	STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) Homemaker		F BUSINESS OR
15	13a.		OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13-STREET ADDRESS 1/215-CO	PE 15530	099999
No.	14. F/	ATHER'S NAME FIRST  Elwood	MIDDLE LAST	lis	15. MOTHER'S MAIDEN NA Bertha	ME MIDDLE	Philson	h
Sedico		WAS DECEASED EVER IN U.S. AR. YES NO GRUNKNOWN) (IF HIS GW	E WAR OR DATEST	SECURITY NO. 4-5296	Charles A. M	errill 1101 E.	Main St	. Berlin
and the		III. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line (unyo), (b D BV. TE CAUSE (o)	chio-	les maran	Arrest	APPROXIA BETWEEN O	MATE INTERVAL SHISET AND DEATH
njury, or other trauma	) NO	Conditions, if any, which gove rise to immediate course (a) stating the underlying course lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	equence of	NOT RELATED TO THE TERM	LINE WILLY INAL DISEASE OR CONDITION G	IVEN IN PART 110	<b>3</b>
ows any	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	IN CERT	ES, WERE FINDIN IFYING CAUSES YES	
lem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
morked or Item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is		220. I certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no	tal) attended the deceased from the body after death.		nd that in (my) (our) opinion	deoth accurred on the date and ha		that (I) (we) last causes stated
ZT. F Hear		226. SIGNATORE	w MD			MEDICAL STAFF DIRECTOR PHYSICIAN	THE DATE !	- / -
MPORTANT: If He		Q. Zaman, MD			Memorial Ave	The Memorial Ho	sp. & Me D 2150	
9	3.0	BURIAL, CREMATION, REMOVAL (SPECIFY) BUTTIEL	13h DATE 4/22/87		F. Cemetery			Penna.
M 7/84 4)	24	Drald J. Newman	Gran	tsville	Α.	PR 2 7 1987 Julia	STRAR'S SIGNATU	A COMMENT





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#### STATE OF MARYLAND

1	FOR STATE		DEPARTA	AENT OF H	EALTH AND MENTAL HYG	IENE			
1	REGISTRAR			CERTIF	ICATE OF DEATH 8	REGIN	0.9 6	4 8	
	CEASED NAME FIRST		MIDOLE	L	AST	2a. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUB: 45
<b>97</b>	THOM	IAS R	OBERT	NEAT		April 4, 1	987	3	Р. м
3. SE	X	4 RACE		5. DATE C		6. AGE   IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	Male	Whit	е	May	2, ~1919 ***	67	YRS.	JATIS DATS	HOOKS MIN.
70. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	77
I	Maryland	USA		WIDOWE	D DIVORCED	Alleg	any		MD.
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT	ON SE WORKING LIFEL	12b. KIND O	F BUSINESS OR
C	umberland		rial Hosp			Bar Tend	er	Besse	erage
13a. S			GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	212 Harr	ZIP CODE	st. ,2	1502
14. F/	ATHER'S NAME	WIDOLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDOLE	17.5	d as a LAS	Ţ
	John		Neat		Loretta		Higg:	ins	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR			3.00
	No		220-10-4	455	Thomas Nea	t,Jr H	agers	town,	MD
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause per	line for (a), (b), and	d (c). 1				BETWEEN	MATÉ INTERVAL ONSET AND DEATH
		ATE CAUSE (a)	Carell	insu	lynnoy ar	vet.		em	neelecti
		DUE TO, O	R AS A CONSEQUE	NEOF	, ,			7	
	Conditions, if ony, which gove rise to immediate	(b)_	dire	- /	laction			2 .	2 day
	cause (a), stoting the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF .				41	41 -
		( (c)	con	Anso	<u> </u>			17	
z	PART 2. OTHER SIGNIFICAN	T CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	,
CERTIFICATION	19a DATE OF OPERATION	TION COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	JAN IF YES	WERE FINDIN	ACE HEED
5	THE DATE OF OPERATION	176 COND	morrok winen	OFERATIO	14 WASTERI ORMED		IN CERTIFY	ING CAUSES	OF DEATH?
E	210. ACCIDENT WAS UNDERLYING	☐ 21b. TIME C	OF INJURY		21c HOW INJURY OCCURE	YES NO	YES		NO 🗌
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA			The state of the s			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	21e. PLACE		19	211 LOCATION				
M.	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) (this has	spital) attended th	ne deceased fram_	31	12 19 = )	, to 414	, )	9 F7	that (D) (we) last
	saw the deceased olive above (1) (we) (did) (did	on 7/	4 19 19	F7, or	nd that in (my) (our) opinion o	death accurred an the d	ate and hour	and from the	causes stated
	22b. SIGNATURE	200	difer dedin.		DEGREE			22c. DATE	SIGNED
	9	Jule	ne	mo	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	4/	4/87
1	22d. PHYSICIAN'S NAME	RESERVED.			22e ADDRESS 955 F	rederick St	reet	5.7 5.4	
	Dr. Anthon	y J. Bol	lino			rland, MD 2			REDY
	BURIAL, CREMATION, REMOVA	AL 23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		TO BUZY	
	Burial	Apr.7	,1987 St	.Mic	hael Cath.C	em Frostb	urg, A	rrega	ny, MD
24 F	UNERAL DIRECTOR				250. DAT	E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicior should be detached for use as the burial-transit permit. Then please remaye carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is morked ar Item 18 shows ony injury, or other traumotic event, th

retained by the hospital or attending physician.

BP.

John J. Hafer, Jr. LaVale, MD 21502

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4/16		l Terer ,s		substitute.	
Service					
MERE, .R	ine Frank Kirk		bask semi	emetra CEA	Brudy
		edverted	E Total		
atown, had					Part of
	and the second				
principal state	ntus sout no				

funeral director, page 3 thin 72 hours after death

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medital

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbonpapers. For with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be-retained by the hospital or attending abusing the property of attending abusing the property of the propert

retained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

n 24 hours ofter death. Page 4 may be

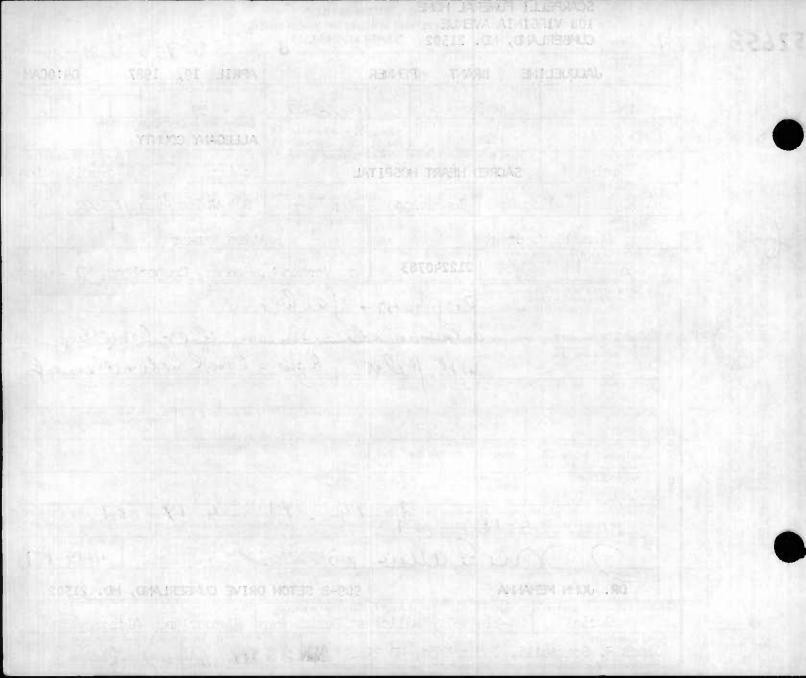
STATE OF MARYLAND	
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1 ,	

	1-	STATE REGISTRAR			DEFARIN		ICATE OF I		/	REG NO.E	2 4			
		OR PRINT!	ROBE		YONS		SBITT		2a. DATE OF	DEATH MO		1 87	26. HO	
	3. SEX	MALE		CAUS	С.	5. DATE (		YEAR 26	61	EARS LAST BIRTHD	YRS.	AONTHS DAYS		R 24 HRS MIN.
)	Ma	RTHPLACE (STATE OR FOR OUNTRY)  Aryland		•	WHAT COUNTRY?	MARRIE	DIVORCED				LLEG	LLEGANY MD.		
	Cl	CUMBERLAND  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSUCH FACILITY, GIVE STREET ADDRESS)  Memorial Hospital—Cumber  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)								CCUPATION FOR MOST OF W		E) INDUSTRY	of Busin Indu	- 10
	USUA 13a. S		b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN CUMBER		13d INSIDE C		13e STREET 400	WOODS	IP CODE	AVE CL	MB MI	D 2150
	14. FA	THER'S NAME FIRST Howard	N	P.	Nesbit:			S MAIDEN NAA FIRST 1 <b>na</b>		Mae		Di	eh1	
	{Y	VAS DECEASED EVER IN (ES, NO OR UNKNOWN)		WAR OR DATES)	220-16-5		Mrs.	Scarpel	li, 108	ADDRESS 8 Virg:		Ave.,	$Cumb\epsilon$	MD rland
		18 CAUSE OF DEATH IN PART I. DEATH WAS	CAUSED	y one couse per BY: CAUSE (0)	line for (a), (b), and	LIBE	a	resi	t			BET WEE	XIMATE INTE NONSET ANI	RVAL D DEATH
		Conditions, if ony, we gave rise to immed couse (a), stating underlying couse	diote	(b)	R AS A CONSEQUE	chogs	né (	Ce / C	Plu	<del>27</del>		~ 0	nor	
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL												
9	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTO		N CERTIF	, WERE FIND YING CAUSE S []		TH?
		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	RED (ENTERNA	TURE OF INJURY IF	NITEM 18 PA	ART I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED	D	21e. PLACE		ARM, ETC }	21f LOCATI			CITY OR TOWN		COUNTY STATE		
		22a.1 certify that (1) (the saw the deceased obove, (1) (i) e) (did	alive on		.19	, o	nd that formy	, 19 (our) opinion (	. 10	d on the dote		19 r and Iram th	e couses s	. ,
		27b. SIGNATURE	M	low	over deam.	-	1-10	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAL	и	22c. DA1	E SIGNED	=7
		22d. PHYSICIAN'S NAM	NE (TYPE OR	PRINT)			22e. ADDRES	SS						
	Re	URIAL, CREMATION, RE	MOVAL	23b DATE		mega	EMETERY OR		Morg	ortown antown			a V	STATE
	24 F	INERAL DIRECTOR	11	son	ADDRESS				2 9 19			RAR'S SIGN		A,

06 11 SF 2326-H	7 3	38	States		
The second second		50	.cour		
ALLEGARY			Age		
DECTINED.				014.18.16	
10 Un aren ava intended ota		OHA LESSE	92		
STAL HOSCITAL CHEEK CONTRACT					

			LI FUNE			STATE	OF MARYLAND					
	FO	108 VIR	GINIA A	VENUTEP	ARTME	NT OF HE	ALTH AND MENTAL HYG	IENE				
052658	ST.	GISTRAR CUMBERL	AND, MD	. 2150	2.	CERTIFI	CATE OF DEATH Q	7 9	FIG. NO(1)	4	0	
10000		SED NAME FIRST		MIDDLE		LA	ST	Za. DATE OF DE	H MONI	H O DAY O	EAR 25 HOUR	
poge 3	(TYPE OR PI	JACQUELI	NE B	RANT	PE	ENNER		APRIL	19,	1987	04:00	MAC
you god	3. SEX		4 RACE			5. DATE O	BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)			4 HRS
s offer.	1	female	whi	ite		MONTH	08-06-1927		59	YRS.	DAYS HOURS	MIN.
a Post	70 BIRTHI	PLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	8. *** A DO (E D	■ NEVER MARRIED □	9. BALTIMORE	ITY OR CO	UNTY OF DEA	TH	
25 22	conk	10	USA	7	,	WIDOWE		ALLEGAN	IY COU	NTY		MD.
D 22 10 1		OR TOWN OF DEATH					OTHER INSTITUTION	126 USUAL OCC			IND OF BUSINES	SOR
5 5 5	C	umberland	SACRE	D HEAR	THO	OSPIT	AL	retired		C	redit un	ion
212	USUAL R	ESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	134 CITY OR	TOWN	1	13d. INSIDE CITY LIMITS?	13e STREET ADD	RESS / ZIP	CODE		
MARYLAND 2120 Hithin 24 hours higher should be file		MD All	egany	Cumbi	erla	and	YES X NO	13° STREET ADD	ite A	venue/2	1502	
W 1 1 1	14. FATHE	R'S NAME FIRST	MIDDLE	LAS	1		15. MOTHER'S MAIDEN NA		DDLE		LAST	
TO THE RELLAND			. Brant					Alice Ma	rker			
die g		DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL			17 INFORMANT		ADDRESS			
TIMORE, be executed as a responsible medical	(163, 6	no	t war or oales)	21224	0/8:	3	Mr. Vernon L	. Penner	, Cumb			
ANLT Coo	18	CAUSE OF DEATH (Enter or	ly one cause pe	r line for (a), (l	bi, and i	10.1	0 0			BET	PPROXIMATE INTERVI WEEN ONSET AND D	EATH
The state of the s		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	Kesh	120	tn.	1 guan	2				
NO STATE			DUE TO, C	R AS A CONS	EQUEN	ICE OF			0	0	. (	
15 % # 1000		anditions, if any, which	(b)_	Melas	18h	1 00	Leus carri	pur of	en	derre	11/16	
1 1 4171	CC	iuse (a), stating the	DUE TO, C	R AS A CONS	EQUEN	ICE P	0	On !	0.	1 100	0	0
5 9 9 9 9		nderlying cause last.	(c)_	arx	AL	NW	· ( by w	- X (V)	L W	A HIP	Venle	6
6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		RT 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	G NO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	RCONDITIO	ON GIVEN IN PA	RT Ira	
0 0 0 0 0	017	DATE OF OPERATION	IN COND	NTIONI FOR W	MICHO	DEDATION	J WAS PERFORMED	20a AUTOPS	2 206	IF YES WERE I	FINDINGS USED	
S A SEA	FICATION	DATE OF OPERATION	198. CONE	MINION TOR W	meno	PERMITO	WASTERIORMED		_ IN	CERTIFYING CA	AUSES OF DEATH	1?
¥ 45 45 4	12	, ACCIDENT WAS UNDERLYING	7 21b. TIME (	DE IN IURY			21c HOW INJURY OCCUR		OF INTURY IN 1	YES DEM IS PART LORP		_
2 34 315 7	OR	CONTRIBUTING CAUSE OF DE	ATH HOUR A	.M. MONTH	H DAY			(Enternance				
N 50 9 9 9 9 4	-	IF EITHER, NOTIFY MEDICAL EXAMINE		OF INJURY		19	211 LOCATION					
DIVISION Offer this countries on the burnt the ond Mee	里	HILE [] NOT WHILE []		REET, FACTORY, O	FFICE, FAR	RM, ETC 1	STREET	CI	TY OR TOWN	COUP	4TY 51.	ATE
DIV ON THE PARTY OF THE PARTY O		WORK AT WORK	ital) attanded t	ha dacaarad 6		9 -	26 1087	10 4	- 19	10 6	7, that (1) (w	e) last
N T T T T T T T T T T T T T T T T T T T	1110	I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no			190	1_, an	d that in (my) (our) apinion	death occurred at	the date a	nd have and fra		
TA ON THE CT	721	obove, (I) (we) (did) (did no signature	nt) view the body	y ofter death.	0	1	DEGREE		-	22€.	DATE SIGNED	_
0 1 0 0 0 1			10	4. a	011	110	ATTENDING PHYSICIAN	MEDICAL	STAFF		4-19-8	7
AN Short AN	220	PHYSICIAN'S NAME (TYPE	OR PRINT)	بريد	M	00	22e ADDRESS	DIRECTOR L	THISICIAIN		1 1 1 0	
Span Span /		DR. JOHN ME					909-B SETON	DRIVE CU	JMBERL	AND. ME	21502	
5 5 5 5 5	23a BUR	IAL, CREMATION, REMOVAL			23c NA	AME OF CI	METERY OR CREMATORY	23d LOCATIO	N	, , ,		
RP.	(SPEC		04-21	-1987			est Burial Pa	CITY OR T		d Alle	dany MD	
Dr	24 FUNE	RAL DIRECTOR						E REC'D. BY REG				
DHMH - 16 50M 4/83 (VRA 15, 4)	Ja	Mes F. Scarpe	lli, Cu	mberla	ňä,	MD 2	1502 APR 23	1997.	Julia 1	corder Po	Assa	

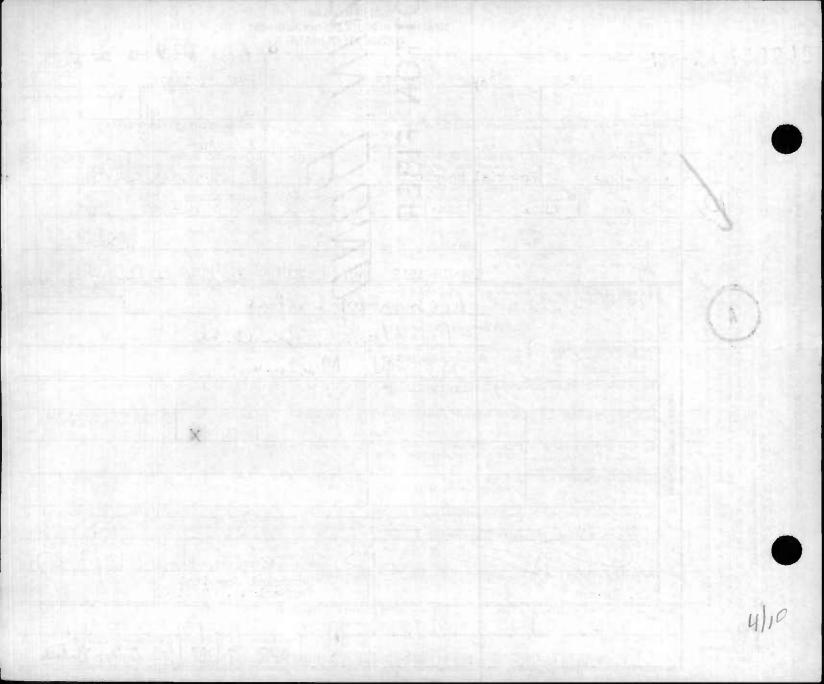


(VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH O

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	-/	0 (1)		
-	1. DEC	EASED NAME FIRST		MIDDLE	ŧ	AST	REO. N 2a. DATE OF DEATH	MONTH	AY AND AR	12:30 p
	TITPE	ROBERT	RA	V PE	RRIN		April 2, 19	987		12:30 P <sub>M</sub>
	3 SEX	MALE	4. RACE	1	5. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS
	ار	IALE	WHITE		OCTO	BER 23 1906	80	YRS		
5	70. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	10. CI	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL NURSING	WIDOWE G HOME C	DR OTHER INSTITUTION	Allegany	ION	TIZE KIND O	MD. OF BUSINESS OR
2	Cu	mberland	Memoria	H FACILITY, GIVE STREET A  1 Hospita	1		KETIKED SC	HOOL T	HACHER	2/ 1/1/1/
1	130 5	ENNA BED	FORD	CLEARVILL		13d INSIDE CITY LIMITS?	RFD# 3 BOX	# 263°	155	35
3	(	WEN PRST	MIDDLE	PERRIN		15. MOTHER'S MAIDEN NAM	WIDDLE		LASHLE'	Ý
2	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SECUR		17 INFORMANT	ADDRE		L CEACALITE	LE DA
	_			190-16-19	15	KOTH PERKIN I	KHD# 3 BOX#	263 U	LEAKVII.	LE PA.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per D BY:	line logal, (b), and	(CI.)	m Trila	Α Ω		BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIA	E CAUSE (o)	TICS I	11/200	Lavo	,			
1		Canditians, if any, which	DUE TO, O	R AS A CONSEQUE	The	era Por	nclihis			
1		gave rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NOTE OF A	0				
		underlying cause last.	(c)	Mul	mu	e Myelm	٩.			
	NOI	PART 2 OTHER SIGNIFICANT (	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	ı'
2	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH (	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
5	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2]	
	CAL	OR CONTRIBUTING CAUSE OF DEA			19 19					
	MEDICAL	21d INJURY OCCURRED  NOT WHILE  AT WORK	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that (I) (this hospi		e deceased from			, ta			that (I) (we) last
	73	saw the deceased alive on above (H(we) (did) (did no	t) view the body	ofter death,		nd that in (my) (aur) opinian o	death accurred on the de	ote and haur		
		22b. SIGNATUR	your		1	ATTENDING PHYSICIAN	MEDICAL STAI	IAN	14/15	2187
		Dr. Zaman	'RINT)			22e ADDRESS Memori Cumber	al Hospital land, MD 21	502		
		URIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
		BURIAL NERAL DIRECTOR	APRIL 1	5 1987 IMT.	ZION	CEMETERY	CHANEYSV EREC'D. BY REGISTRAR	ILLE B	EDFORD	PA.
	24. 10	II COV MEDDITT	TIMEDAL	LIONAL ADDRESS	יבטו עף	IO MADVA ALDADI	REC'D. BY REGISTRAR	A REGISTR	AR'S SIGNAT	udall
	_	ILCUX-LIEKK	UNEKAL	HUME LUMB	SEKLAL	AD LIAKAL ANDALL	1 1301	Same 10	A A. V. V	



ST	A	TE	OF	M	ARYL	AND	
 7 0							ă.

EPARTMENT OF HEALTH AND MENTAL HYGIENE

MARGARET THELMA PREASKORN April 1, 1987	1:16 A M ERZAMES MD.
THELMA PREASKORN APril 1, 1987  1 SEX 4 RACE 5 DATE OF BIRTH  THELMA PREASKORN APril 1, 1987  2 SEX 4 RACE 5 DATE OF BIRTH  THELMA PREASKORN APRIL 1, 1987  3 SEX 4 RACE 5 DATE OF BIRTH  THELMA PREASKORN APRIL 1, 1987  4 RACE 5 DATE OF BIRTH  THELMA PREASKORN APRIL 1, 1987  4 RACE 5 DATE OF BIRTH  THELMA PREASKORN APRIL 1, 1987  4 RACE 6 (INVERSE LAST BIRTHDIAT) ARCHIVE OF DATE OF BUSH  THELMA PREASKORN APRIL 1, 1987  4 RACE 7 STATE 7	A M ER ZATHES T ME.
FEMALE  78. BIRTHPLACE   ISLAND CONTROL   INCREMENT   INFO   INCREMENT   INFO   INCREMENT   INCREMENT	MD.
18 STREET ADDRESS / ZIP CODE	MD.
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Cumberland Memorial Hospital DOKKEEPER  PUSUAL RESIDENCE (# MURING HOME OF DIMER MOTIVATION GIVE	AEDS ON
USUAL RESIDENCE (# NORSING HOME OF DIVER HISTOLICE RESOURCE RESOUR	
	- 13
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III. CAUSE OF DEATH :Enter only one couse per ling for the property of the part i. Death was Caused by:	E-DEATH
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ATTENDING MADICAL STAFF HYSICIAN DIRECTOR PHYSICIAN	0)
194 BRYST TAN'S NORTH AND ADDRESS.	
Dr. T. Williams Memorial Hospital Medical Build:	ng
Dr. T. Williams Cumberland, MD 21502	
Dr. T. Williams Cumberland, MD 21502	ing

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate his been signed by the attends should be detached for use as the burial transit permit. Then piebles remove conwith the State Dept. at Health and Mental Hygime prior to burial, cremation, a

injury, or other troum

MPORTANT, If hem 21 is marked or hem 18 show

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njury, or other traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows ony TO FUNERAL DIRECTOR. After this certificate hos ber should be detoched for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prie.

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ATTENDING PHYSICIAN: The la offending physician.

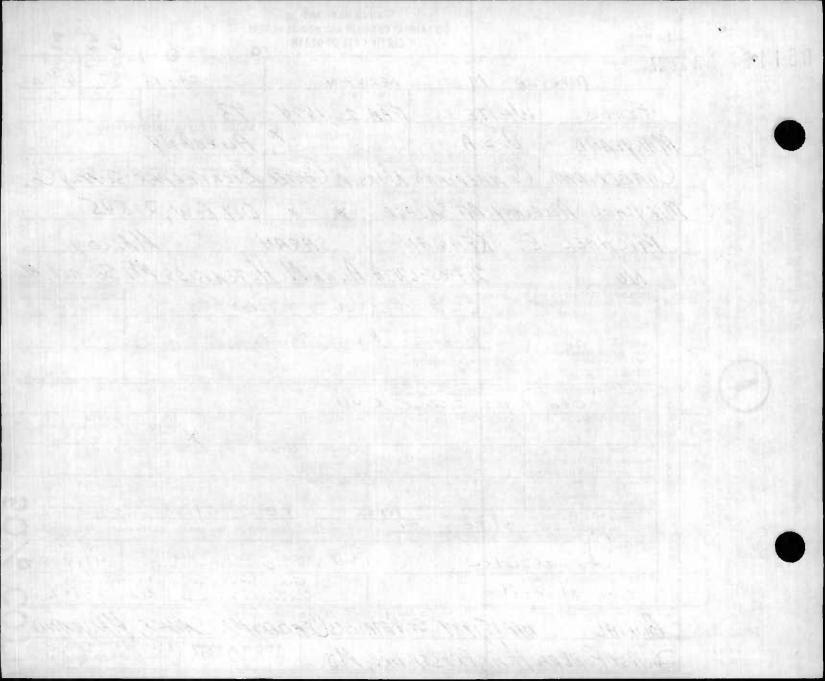
etoined by the hospital or TO HOSPITAL OR

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DED A DEMENT OF HEALTH AND MENTAL HYCIENE

1 -	- STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	8 / REG. NO.	653
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	DAY O YEAR 3 26. HOUR
	MART MART		REAGAN		14-87 650 AM
3. SE	FEMALE	1. RACE	5. DATE OF BIRTH  DAY  VEAR  DAY  VEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7a. BI	IRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8	9. BALTIMORE CITY OR CO	
M	ARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALLEGAN	MD.
10 6	UMBERLAND	CUMBERLAND	NUKSING ENTER	120. USUAL OCCUPATION (TYPE WORK FOR MOST OF WORK	(ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
MA		1 1 1144 / .	WAGE YES NO F	130. STREET ADDRESS	21545
14. FA	MICHAEL	E. REAGA	15. MOTHER'S MAIDEN NA.  SAKA!	WIDDLE	MALLOY
	WAS DECEASED EVER IN U.S. AR YES, NO OR YNKNOWN) (IF YES, GIV	MED FORCES? IN SOICIAL SEC VE WAR OR DATES) 4-05-	C713A HNNA M.	HOTCHKISS	MT. SAVAGE, MD
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), (c) BY: TE CAUSE (a) Card-	ondicilion Responsations ar	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ  (b) OF 9 - 70  DUE TO, OR AS A CONSEQ	ire Brain Syna	trouse	
NOI	PART 2 OTHER SIGNIFICANT O	Right Sode	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceosed ofive on above, ( (wa) (did) (did no	ital) attended the deceased from 3 1 3 0 19 it) view the body after death.	77 , and that in (my) (our) opinion	deoth occurred on the date on	, 19 <u>87</u> , that (I) (we) lost d hour and from the couses stated
	22b. SIGNATURE	brester		MEDICAL STAFF DIRECTOR   PHYSICIAN (	22c. DATE SIGNED 4/15 '87
	S.M. Shr	<i>i</i> /	220. ADDRESS The	Memoral	Med. 21502
27a. 1	BUBBAL CREMATION, REMOVAL	APR. 15.1987 3	NAME OF CEMETERY OF CREMATORY	236 LOCATION	E, HAKULAND
74. FI	UNERAL DIRECTOR	there FRACE	Anec MA 130 AT	R20 1987	in Dandon Rendies

DHMH - 16 50M 4/82 (VRA 15, 4)



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	1	FOR		DEPART	MENT OF H	EALTH AND MENTAL HYG	HENE			
	1.	REGISTRAR			CERTIF	ICATE OF DEATH	D DEC N	0	6 5	4
	1. DE	CEASED NAME FIRST		MIDDLE		AST	REG. N	ACUTH DA	Y YEAR	2b HQUR
2/20		OR ADILLA							0	II MUCK
	51		acie	М.		REEVES	April 4,			8:05 AM
E de la	3. SE	X ·	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIS		ONTHS DAYS	IF UNDER 24 HRS
ge 4	1	Female	Whit	e	Dec	14, 1901	85	YRS.	JA13	FIGURS MIN.
Pool	Ja. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY	OR COUNTY C	OF DEATH	
4 10 1		OUNTRY)	II C	A		NEVER MARRIED	Allegany			
deo	10.0	Virginia	U.S		WIDOWE	Transition of the same of the		15	1	MD.
b 27 2	ř .	TY OR TOWN OF DEATH				R OTHER INSTITUTION	12a. USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
0 1	Cu	mberland	Memor	ial Hospi	tal		Homemak		-	-
no M &	USU	AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION						(11	3(1191)
24 1	30 :	W. Va. 196 CC	neral	Kevse		13d. INSIDE CITY LIMITS?	Rt 1 Box	161F	1 /2	6726
를 그룹 (왕)		THER'S NAME	HELAL	Reyser		15. MOTHER'S MAIDEN NA		TOIL	1/6	0720
Lieb Con Control	1	FIRST	MIDDLE	LAST		4.4	11 IDDIE		LAS	T
En 83/3/		Charles	Α.	Woods		Margar	ret V.		ovele	SS
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a di se	,	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	227 92	5488	Virginia I	Decker Rt	1 Ke	vser.	W. Va.
9 9 5 - E										MATE INTERVAL
hysi pop ovo ent,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY:	er line for yay(b), or	2	1. 861			BETWEEN	MAZ O
eve		IMMED	NATE CAUSE (a)	vonc	10 4	aly 01 Cor	Ψ.		10	29
th correction of the correctio			DUE TO, O	OR AS A CONSEQU	ENCE OF				100	L
dept ove non		Conditions, if any, which	( (b)							
he cemo		gave rise to immediate couse (a), stating the	3						100000	
by the		underlying couse lost.	DUE TO, C	DR AS A CONSEQU	ENCE OF					
s th			(c)_							
uire en p o bu	z	PART 2 OTHER SIGNIFICAN	11 CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	N IN PART HO	
in the	CERTIFICATION									
A AFAB	S	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
25 225 6	E						YES NO	YES		NO 🗆
THE STREET	E.	210. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY	17: 14:1	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	IT I OR PART 2)	
31 1157/	-	OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH D						
X 9 8 5 5 1	SICAL	(IF EITHER, NOTIFY MEDICAL EXAM		OF INJURY	19	211. LOCATION				
11 1126	MEDI			TREET, FACTORY, OFFICE,	FARM, FTC.)	STREET	CITY OR TO	NWC	COUNTY	STATE
0 B 2 C 0 C		AT WORK NOT WHILE				9_			00	
Q7 4 4 0 E		22a.1 certify that (1) (this ho	spital) attended t	he deceosed from_	23/3	, 19 0		<u>-/</u> . 19	0/.	that (1) ( <del>we)</del> last
E STATE	0	sow the deceased alive above, (I) (wet (did) (dia	on	19_	X / , ar	d that in (my) (our) opinion	death occurred an the d	ate and hour o	and from the	causes stated
A PER CA	0.7	22b. SIGNATURE	nan view me baa	y after death		DEGREE			22c DATE	SIGNED
0 0 0 0 0 0		Kielin 1	1/2	11da -	1/	ATTENDING .	MEDICAL STA	FF _	1/1	11/
A P A S S S S S S S S S S S S S S S S S		ecunex	UCY	une		PHYSICIAN			17/9	
Sp 2372		22d. PHYSICIAN'S NAME (TY				22e ADDRESS Memor	ial Hospita	1 Medi	cal Bl	dg.
Proprieta Propri		Dr. Richard	Snider			Cumbe	rland, MD 2	1502		
51 5213	23a I	SURIAL, CREMATION, REMOV	AL 23b. DATE	23 <sub>1</sub>	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
(BB) Q Q	1	SPECIFY Burial	7 Ap.	r 1987	Mt.		Keyser	Mi	neral	W. Va.
1111		JNERAL DIRECTOR	1				E REC'D. BY REGISTRAR			
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(VRA 15, 4)		VITEII I	to of ack	neys	er,	W. Va. AP	R1 0 1987	i wa da	mark. K	

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Va. Sineral Neyser A Rt 1 Box 15181 2 2 20 Charles 4. Hoods Harries V. Loveless No. 227 92 5188 Virginia Decker At 1 Keyser, V. Charles V. Char	4/16	86	1541 , 17	OEG	etia	61666
Vs. paneral Neyser X Rt 1 dox 15181 .Sura dinarles w. modus organis V. McVricas 227 92 URS Virginia Decker At 1 Kayser,					.4.2.0	einhag).
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No 1 27 72 5189 Virginia Decker At 1 Keyser, N. 1	stos trater	10E 1 35		'teat'	yea Isra	FO .SV .
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#### STATE OF MARYLAND

DEP

PARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATHS	QEG. NO.

- 27	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE Q <sub>EG. N</sub> 9. 6	5 3
9		EASED NAME FIRST		MIDDLE	Į	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(TYPE	ORPRINT)	OITH	G.	RET	CALLICK	April 14, 1987	10:40 A.
	3. SEX	emale	4. RACE Whit	e	July	7 140 N 1895		IF UNDER 1 YEAR IF UNDER 24 HRS.
1	7a BIR	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY Allegany	OF DEATH MD.
1		y or town of DEATH mberland		HOSPITAL, NURSIN THEACHITY, GIVE STREET AL HOSPIT		OR OTHER INSTITUTION	TEN USUAL OCCUPATION  (TY HOME MAKE PORKING LIFE	126 KIND OF BUSINESS OR INDUMONE
	13a. S	L RESIDENCE (IF NURSING HOME OF	POTHER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS? YES NO	Prostosta sumb	t 1,Box 399 21532
		THER'S NAME	WIDDLE	MacKay		15. MOTHER'S MAIDEN NA	Mae	Allen
		AS DECEASED EVER IN U.S. A	RMED FORCES?  ye war or dates)	166. SOCIAL SECU 214-74-9	996 I	dith Va. Ro	owan Rt 7, Box 3	99, Frostburg,
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH					
		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)_	R AS A CONSEQUE				
	NOI	PART 2 OTHER SIGNIFICANT	sed a	ONTRIBUTING TO D	LEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 11a
)	CERTIFICATION	19a DATE OF OPERATION	19b. COND	HON FOR WHICE	OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
-		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF NJURY IN ITEM 18 PA	ART I OR PART 2)
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.l certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (111) (old n	n 411	3 191	27 . 01	no that in (my) (our) opinian	deoth occurred on the date and have	nd from the causes stated
		776 SIGNATURE	lui	1	1	DEGREE 1 ATTENDING PHYSICIAN	3	27c DATE SIGNED
		Dr. Saheta	OR PRINT)	92 Mos	2,		al Hospital & Mediand, MD 21502	dical Center,Inc.
	23a. Bi	URIAL, CREMATION, REMOVA SPECIFY) Burial	1 236. DAJE7-	87 Sun	set of	Mein OR PRIMATORY	cumber and Al	legany Mdate

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been sit should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

IMPORTANT: If Item 21 is morked or Item 78 shows

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

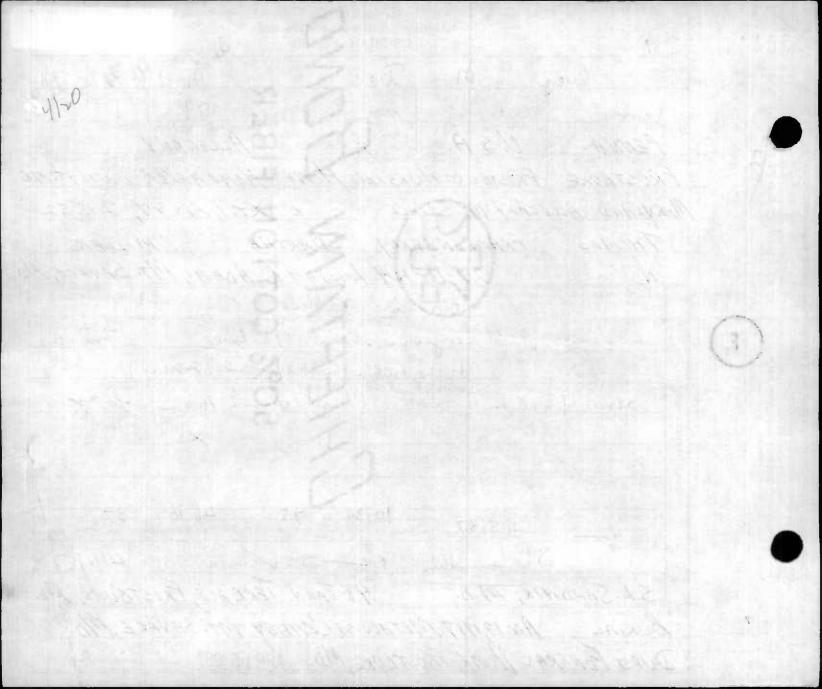
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	STATE OF MARYLAND
FOR = STATE	DEPARTMENT OF HEALTH AND MENTAL HYGI
REGISTRAR	CERTIFICATE OF DEATH

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- A		T	

05044   APR	1 ::	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. NO	87-09656
4 moy be or poge 3		CEASED NAME FRST	MIDDLE MIDDLE MIDDLE MIDDLE	S DATE OF BIRTH MONTH DAY YEAR	DATE OF DEATH MON	18 887 JAM
Chinesal direct		RTHPLACE (STATE OR FOREIGN COUNTY)  TY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY?  11. NAME OF HOSPITAL, NURSIN  POOL IN SUCH FACILITY, GIVE STREET,	MARRIED NEVER MARRIED GHOME ON OTHER INSTITUTION	9 BALTIMORE CITY OR CO ALLEGA 120 USUAL OCCUPATION	MD.  12b. KIND OF BUSINESS OR
hin 24 leagh of the State of th	1	ROSTBURG  ALRESTORNE IN NURSING HOME OR  13b COUN  ALLE  ALL	OTHER INSTITUTION GIVE RESIDENCE BEFORE  ATTY  ISC CITY OR TOWN  F. C. A. N. Y. J. T. S. T. V.	IRSING HOME	13e STREET ADDRESS / ZIF	ER OWN STOME
TIMORE, MARY be executed wit son and complete son and com	16a V	THOMAS  VAS DEGEASED EVER IN U.S. AR.	MED FORCES? 186 SOCIAL SECUE WAR OR DATES!	ERRY DART.	HA- ADDRESS ADDRESS ADAMS, 1	MILLER MT. SAVAGE, MO
for strings of the second strings of the second sec		IMMEDIAT	ly one cause per line for (a) (b), and D BY: E CAUSE (a)  DUE TO, OR A CONSEQUE	NCE OF	- lane -	APPOXIMATE INTERVAL BETWEEN ONSELAND DEATH  Devonl  number
pred by the de special profession special comments.	-	Conditions, if ony, which gave rise to immediate cause (a, stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE	The second	Takenley Dela	ein
At RECORDS  The law veque con a hear bear so at the promit The prime prior to it for any injury.	CERTIFICATION	alrial fel		Clisal Pleuml Efficiency operation was performed	YES NO WIN	D IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
PRYSKIAN: herding physical the confliction the bolodynamic Amendal Hyp and Mendal Hyp	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (14 EXTHER NOTIFY MEDICAL EXAMINER 216 IN JURY OCCURRED	TH HOUR A.M. MONTH DA	19 211. LOCATION	RED (ENTER NATURE ÖF INJURY IN I	ITEM 18 PART I ORPART ?)  COUNTY STATE
DIV hispatal as or RECTOR: Alte hid for see on the of Heights.		220.1 certify that (1) (this haspi	tal) attended the deceased fram	, and that in (my) (our) opinian	deoth occurred on the date of	ind hour and from the causes stated
D HOSPITAL C culoud by the O FUNERAL D chald be drive in the Sine D		22d. PHYSICIAN'S NAME (TYPED S.L. SANDIT	D ( Jandhii 11R, M.D.	ATJENDING PHYSICIAN (1) 220 ADDRESS 48 TARN	DERCHACK F	= 4/16/87 ROSTBURG, MD.
BP		SURIAL, CREMATION, REMOVAL SPECIAL DURING 1412 UNERAL DIRECTOR	130 DATE 13, 1987 10	NAME OF CEMETERY OR CREMATORY  METHODIST EHET  250. DAT	23d LOCATION CITY STOWN FREC'D. BY REGISTRAR 25b	VACE STATE  REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		DURST FUNER	AL HOME, PRO	STEURE, MD. A	PR 1 5 1987 A	ilia Devideon Randaly



05,1347

### STATE OF MARYLAND

	1 -	STATE REGISTRAR			DEP	CERT	IFICATE OF D	EATH A	PRESIDE	00	49	
7/	TYPE	CEASED NAME	FIRST 1 va	E. Ri	zer		LAST		4/16/87	ACNTH DA	Y YEAR	26 HOUR 10:30а <sub>м</sub>
	3 SEX	Female		4. RACE White	904	MC	E OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTH		ONIHS DAYS	HOURS MIN.
35		RTHPLACE (STATE OR MD	FOREIGN	76 CITIZEN OF United		TRY? B.	RIED   NEVER M	AARRIED X	9. BALTIMORE CITY OF Alleg.	COUNTY	F DEATH	MD
2		ty or town of DE rostburg	ATH	(IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)	e Or Other INST ' Hospita		IZO. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Lab. Tech		126 KIND O INDUSTRY tire	manuf
35	13a. S	at residence (# NUR state aryland	136 COUN ATT	VTY	136 CITY OR Mt SA	TOWN	13d. INSIDE CI YES X	NO 🗌	13e.STREET ADDRESS / PO Box 39		SAvag	2154
9/0		Charles		field	Rize		Cla		Elizabe		Wilhe	lm
medica /		VAS DECEASED EVER YES, NO OR UNKNOWN] NO		MED FORCES?	214 14	SECURITY NO			1 S. Water		rostbu	rg, MD
School B		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE	D BY: TE CAUSE (a)	1	lene	l Fai	lure			BETWEEN	MATE INTERVAL ONSET AND DEATH
other trauma		Conditions, if ony gove rise to im cause (a), stoti underlying coust	mediote ng the	(b)_(	R AS A CONS	nan	2 9 Tr	vome	cer vix.	the contract of the contract o	per to n	eeks
injung	NOI	PART 2 OTHER SIG	MIFICANTO	ONDITIONS CO	ONTRIBUTING	L LU	UT NOT RELATED	to the termi	INAL DISEASE OR COND			
Source only	CERTIFICATION	190 DATE OF OPERA		19b. COND	ITION FOR WI	HICH OPERA	ION WAS PERFO		YES NOK	IN CERTIFY YES		OF DEATH?
lem dg s		21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DE	NIII	DE INJURY M. MONTH M.		AR 9		ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2]	
orkedor	MEDICAL	21d INJURY OCCUR	HILE		OF INJURY REET, FACTORY, OF	FICE, FARM, ETC	211 LOCATIO STREET	N	CITY OR TOV	VN	COUNTY	STATE
21 is mo	8.	22a. I certify that (I sow the decease obove, (I) (we)	ed olive on	16	16	1987 (	ond that in (my)	, 19 57 (our) opinion o	deoth occurred on the do	te ond hour		
TANT: If Hen		22b. SIGNATURE	50	V	Um	Ma	F	W	MEDICAL STAF DIRECTOR   PHYSIC		ALCO DATE	SIGNED
IMPORTANT:	-	Dr. S.					22e ADDRESS		rrace, Fros	tburg,	MD 21	532
s ≤ ,	23o 1	BURIAL, CREMATION (SPECIFY)  / Bur		23b. DATE	/87		FCEMETERY OR C		RD, Hynd	lman, I	Sedfor	i, PÅTATE

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital ar attending physician. ATTENDING

TO HOSPITAL OR

BP.

Zigler Funeral, Hyndman, PA 15545 250. DATE RECID. BY REGISTRAR 250. REGISTRAR'S SIGNATURE APR 2 1 1987 Julia Dender Ludius

APPE 1 PET file ticker time

	FOR
-	STATE
	DECICEDAD

# STATE OF MARYLAND

1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE											
	1 -	REGISTRAR			CERTIF	ICATE OF DEATH 🙊	49 45				
1		CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH MONTH DAY YEAR / 26. HOUR				
P	J.T#PE	OR PRINT) GILBI	יתקי		pr	DBERTSON	April 14, 1	7.05	A		
ı	3. SEX		4 RACE	10000	5. DATE C		6. AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER	24 HRS
		M	w		MONTH	08-06-1899	07		MONTHS DAYS	HOURS	MIN,
4	7g. BIF	RTHPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	8	00-00-1077	9. BALTIMORE CITY OF	COUNTY	OFDEATH		
s		OUNTRY) MD	USA	***************************************		D NEVER MARRIED			OI DEATH		
7	10 CT	TY OR TOWN OF DEATH		HOSPITAL NURSIN	WIDOWE O	DR OTHER INSTITUTION	Allegany	201	12b. KIND O	E DI ISINIE	MD.
			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	on other women on	TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY		.33 OK
4		mberland		al Hospit			ret. maint	enanc	e Bank	<	
	13a. S	TATE 13b. CC		13c. CITY OR TOWN	N .	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / 22 South	ZIP CODE Stree	et/2150	2	
ï	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NAM	ME				
	15		re <sup>MDDLE</sup> an Ro				lda Agnes Mi		con	1	
		AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECU		17 INFORMANT	ADDRES				
		no		214-07-6	867	Mrs. Betty Se	and,	nd, MD - niece			
	No	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICAN PUECIAL	DISGASE  INAL DISEASE OR COND  ITUS TY		EN IN PART 110	2					
7	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDIN	GS USED	) H?
	RTIF						YES NO	YES		NO [	
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (I) (this has sow the deceased alive	HOUR A. P. 21e. PLACE LAT HOME. STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM, ETC )	21c. HOW INJURY OCCURR 21f LOCATION STREET	CITY OR TOW	/N	COUNTY	that (i) (v	
4		obove, (I) (we) (did) (did 22b, SIG	not) view the body	ofter death.			deoth occurred on the dol	e ona nour			rted
		226. SIGNATURE	X	_		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	AN 🗌	22c. DATE	SIGNED	87
		or. Amado Te		We	_			al Hospital Medical Bldg.			
	230 B	URIAL, CREMATION, REMOV	A Part of the	Carlotte Committee		EMETERY OR CREMATORY	23d. LOCATION		COUNTY		TATE
		Burial	Y04-16	-1987 Gre	eenmo	unt Cemetery	Cumberlan	d Al	legany	MD	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT; If Hem 21 is morked or Hem 18 shows any injury, or other troumotic event, th

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

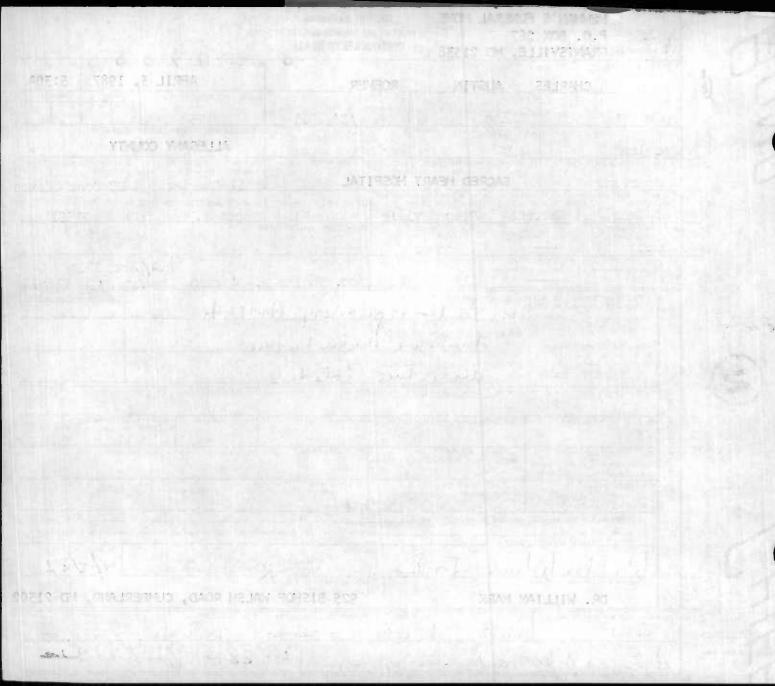
James F. Scarpelli, Cumberland, MD 21502

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
APR 2 1 1987

Julia Diction Landon

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B				NEWMAN'S	FUNERAL	L HOME	STAT	E OF MARYLAND		43		
751	500	100	1 -	FOR P.O. BOX				EALTH AND MENTAL H	YGIENE			
001	3 0 0	** **	. 1	REGISTRAR GRANTSVI	LLE, MD	21536		ICATE OF DEATH	DATE OF D	REG. NO	DAY O YEAR	Ter contra
	o 65	,)		CEASED NAME FIRST OR PRINT)		WIDDLE			PZO. DATE OF DI			26. HOUR
	ay be	6	2 (5)	CHARLE		STIN	ROE 15. DATE O		6. AGE (IN YEAR	APRIL	5, 1987	5:30A <sub>M</sub>
	tor. page 3 ofter death		3. SE		4. RACE		MONTH	DAY YEAR	B. AGE TINTEAN	- STASI BIRTHDATI	MONTHS DAYS	HOURS MIN.
	Poge direct		Ma.	RTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	8	9/24/1911	9 BALTIMORE	CITY OR COUN	NTY OF DEATH	
	merol mazz h	25	Mai	cyland	USA		WIDOWE		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	EGANY C		MD.
8	oy the fu	1	1	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET RED HEART	ADDRESS)	TAL	12a. USUAL OC (TYPE OF WORK FO Mail Ca	OR MOST OF WORKIN	G LIFE) INDUSTRY	of Business OR
212	hour d in t	27		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	1. GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?				st ottree
QN X	fille fille	党り			rett	Friendsv		YES NO		l. Box		21531
BALTIMORE, MARYLAND 2120	mpletely ond 2 sh	W //	1	THER'S NAME  FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE	LAS	ST
m,	5 8-1	8/ 0		VAS DECEASED EVER IN U.S. AR	MED FORCES?	Roemer	IRITY NO.	IT. INFORMANT		ADDRESS	d D 20	22
¥0×	o o o o	ned ic	No	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	219-01-6	151	Mrs. Thelma	M. O'Bri	Rt.d	\$,Box 20	3A 21561
ALTI	icion icion sers.	i.	-10	18 CAUSE OF DEATH (Foter or	alv one couse pe			IME THE THE	M. U BLI	EIL SWA	APPROX	MATE INTERVAL ONSET AND DEATH
	phys n pop move	vent,		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	Courties	180	inchesy f	123111	2		
PRESTON ST.,	ding brbo or re	otic e		IMMEDIA		R AS A CONSEQUI					6-1-1-5	
ESTO	tten tten ve c	E		Canditions, if any, which	(b)_	Lussia a	1	heling ties	wit			
7	1	1		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF				55 2 77	
.w.		00.0		underlying cause last.	(c)_	Ulina.	true	Carlities				
DIVISION OF VITAL RECORDS, 201		Charles .	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE C	R CONDITION	GIVEN IN PART 1	D ·
Ö	been mit. T	i ou	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		YES, WERE FINDI	
AL RE	The la cion. re has sit per giene	Smo	TIFIC						YES N	O INCE	RTIFYING CAUSES YES	NO [
VII.		8 2	CER	210. ACCIDENT WAS UNDERLYING	1100100 1	OF INJURY ,M. MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PART 21	
0	ig pl ig pl iertif riol-t	5/	CAL	OR CONTRIBUTING CAUSE OF DE	AIII	.M.	19					
O	this of the burd we burd we	6	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	ARM, ETC )	211. LOCATION STREET		ITY OR TOWN	COUNTY	STATE
N	A the the	mo rked	<	AT WORK NOT WHILE AT WORK								
	OR: A	E .s		220.1 certify that (1) (this hasp		he deceased from_		. 19	. to			that (I) (we) lost
		a 21	01	sow the deceased alive an above, (I) (we) (did) (did no	t) view the bady	ofter death.		nd that in (my) (aur) apinio	an death accurred (	in the date and		
	0 . 0 .0	# #		220. SIGNATURE	1.	7 5		DEGREE ATTENDING	MEDICAL _	STAFF	22c. DAJE	SIGNED
	by the	Ž-		27d PHYSICIAN'S NAME (TYPE	July	10 11		PHYSICIAN 27e ADDRESS	DIRECTOR	PHYSICIAN [	17/	Azt
	HOSPITAL ined by the FUNERAL old be deta	MPORTAN		DR. WILL		K		925 BISHOP	WAI SH RO	AD. CUN	ARERI AND.	MD 21502
	shoul	ž –	23a. B	URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATE	ON		
	BP		(	Burial	4/7/87			Rose Cemeta	erry Frie	nderri 11.	e Garret	STATE
CL		93		INERAL DIRECTOR	12, ., 0,		JOHILIN	25a D	PR 22 19	ISTRAR 251 REC	GISTRAR'S SIGNAT	THRE MD
Un	(VRA 15, 4)		1	Synn 0 Je	wman	Grantsvi	lle, N	Maryland   A	rk 22 19	31 July	a Deadson.	Kongange
		1										



508	357	APR 2	1 8	FOR STATE REGISTRAR		20.00	TMENT OF H	E OF MARYLAND  EALTH AND MENTAL HYG  ICATE OF DEATH	IENE / Q <sub>EG</sub> , S	8 6 6		
	r. page 3		(TYPE	CEASED NAME FIRST FIRST FRANK  OR PRINT)  Remaile	1. RACE Whit	MIDDLE C.	Sa.	VAGE  PERITH 1889	20 DATE OF DEATH  4-14-8  6. AGE LINYEARS LAST BIRT	THDAY) IF U	YEAR	26. HOUR 745 PM IF UNDER 24 HRS. HOURS MIN.
0	nembli directo	15	₹ú Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN C	F WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY O			MD.
201	Dist	90	Fr	TY OR TOWN OF DEATH OSTBURG  AL RESIDENCE (IF NURSING HOME OF			HOME	Nursing	12n USUAL OCCUPATION HOMEN		BOX &	F BUSINESS OR
AND 21	y filled in	35	Mc	TATE ALTE	egany	Midia		13d. INSIDE CITY LIMITS?  YES NO	BEE APPES	Midfa	nd, Mo	12154
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TIMORE	be executed on and constant of the secuted of the s	e medico		VAS DECEASED EVER IN U.S. A	RMED FORCES			Frances Re	id Box 86,			
N ST., BAL	certificate ling physicic rbonasser	r removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ATE CAUSE (0),	More	me	ames	1		APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
W. PRESTO	by the others	chertouno		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	OR AS ACONSEQ OBAS A CONSEO	m, e	lama Con	Jetwehant &	hein!	-	
CORDS, 201	seen signed	rior to burio my injury, or	ATION	PART 2. OTHER SIGNIFICANT	sea)	, de	ASTA C	NOT RELATED TO THE TERM  DITUM  N WAS PERFORMED	MA DISEASE NO CONC	170N GIVEN	ERE FINDIN	IGS USED
VITAL RE	hysican hysican cole m	13	CERTIFICATION	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110110	E OF INJURY A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUI	IN CERTIFYIN YES		OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	other this cert	Ith and Menta arked or IIm	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMIN  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLAC (AT HOME	P.M. CE OF INJURY STREET, FACTORY, OFFICE	m	211 LOCATION STREET	CITY OR TO	On.	COUNTY	STATE
	hospital o	Dept of Hes	8	22a. I certify that (1) (this hose sow the deceased alive abave, (1) (1) (1) (1) (22b. SIGNATUIE	10.34	the deceased from 19.	87.0	nd that in (my) (our) opinion DEGREE			22c. DATE	
	orned by the S FLINERAL I	PORTANT. II	100	22d. PHYSICIANS IN AME THE	ON PRINTS	MM	7	ATTENDING PHYSICIAN 22 ADDRESS	MEDICAL STAI			
	2	1) 3	23a. 8	SURIAL, CREMATION, REMOVA	1 236. DATE	-87 Fi	NAME OF C	emetery or crematory arg Mem. Pa	rk Frostbu	irg Al	legar	ny Md:

DHMH - 16 60M 7/84 (VRA 15, 4)

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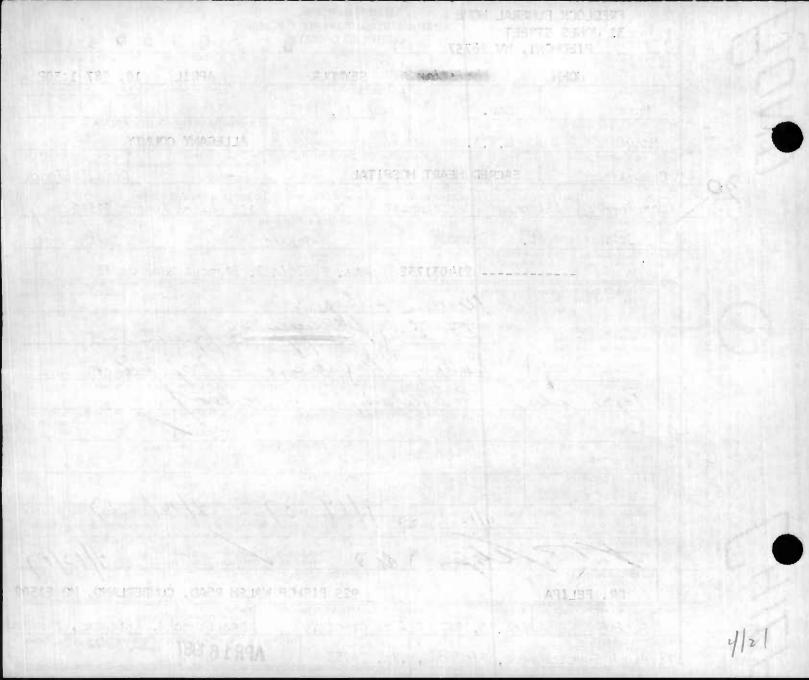
Lichtorn-McKenzie FuneratesHome

APR 20 1987 Julia Dender Signature

	C Committee			
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				THREE STATES

Fredlock Funeral Home, Piedmont, W. Va. 26750

(VRA 15, 4)



### STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	7

1.	REGISTRAR				CERTIF	ICATE OF DEATH	/ GEG. N	8. 5 6	3				
	CEASED NAME OR PRINT)	FIRST RGAR		MIDDLE	. Sh.	AST -	20 DATE OF DEATH	MONTH DAY	YEAR 87	26. HOUR			
3. SE		NO HIN	4. RACE WHIT	re	S. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY) IF UN MONTH	DERTYEAR	IF UNDER 24 HRS. HOURS MIN.			
	RTHPLACE (STATE OR COUNTRY)	MD.	76. CITIZEN OF USA		MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	OR COUNTY OF	DEATH	MD.			
F	ROSTBURG.	MD.	FROSTBU	JRG VI	LLAGE NU	RSING HOME	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TEACHER		RING	IPAL			
	AL RESIDENCE (IF NUR	ALCEU		Acres and the second se	E BEFORE ADMISSION) ERMAND	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 419 FAYE	TIP CODE	21.	502			
14. FA	JOHN COL		MIDDLE	ŁA	ST	15. MOTHER'S MAIDEN NA PIRST MARGAR	ET DEVINE		LAST	т			
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	12	52-0660	CHARLES AND	JAMES SHAFT		JMB. MD. (SONS				
N	Conditions, if ony gove rise to im couse (b), stotiunderlying couse	, which mediate ag the lost.	DUE TO, OI  (b)  DUE TO, OI  (b)    Column   Col	R AS A CON	SEQUENCE OF SEQUENCE OF	y Artery B	Disease OR COM	NDITION GIVEN II	SIVEN IN PART 110				
MEDICAL CERTIFICATION	19a. DATE OF OPERA	TION	196. COND	ITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WE IN CERTIFYING					
CAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DEA		M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P		OR PART 2)				
MEDI	21d. INJURY OCCUR WHILE AT WORK NOT WE AT WORK	HILE [	21e. PLACE		OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE			
	22a I certify that (I) so w the deceas obove, (I) (we) ( 22b. SIGNATURE  22d. PHYSICIAN'S N	ed olive on, did) (did not	view the body			FROST	MEDICAL STA DIRECTOR PHYSI HOURG PLA-	E A R1	22c. DATE:	SIGNED			
23a E	BURIAL, CREMATION,	REMOVAL	23 4 DATE 28	/ 87	23° NAME OF	TRICKS CEMORY	234 COMBERL	AND, ALL	EGANY	, MDiate			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING

MPORTANT: If Hem 21 is marked

should be detached for use converted the State Dept. of Health TO FUNERAL DIRECTOR

> 24 FUNERAL DIRECTOR JAMES F. SCARPELLI, CUMB., MD. 21502

APR 30 1987 Julia Dandon Radia

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DHMH - 16 50M 4/83 (VRA 15, 4)

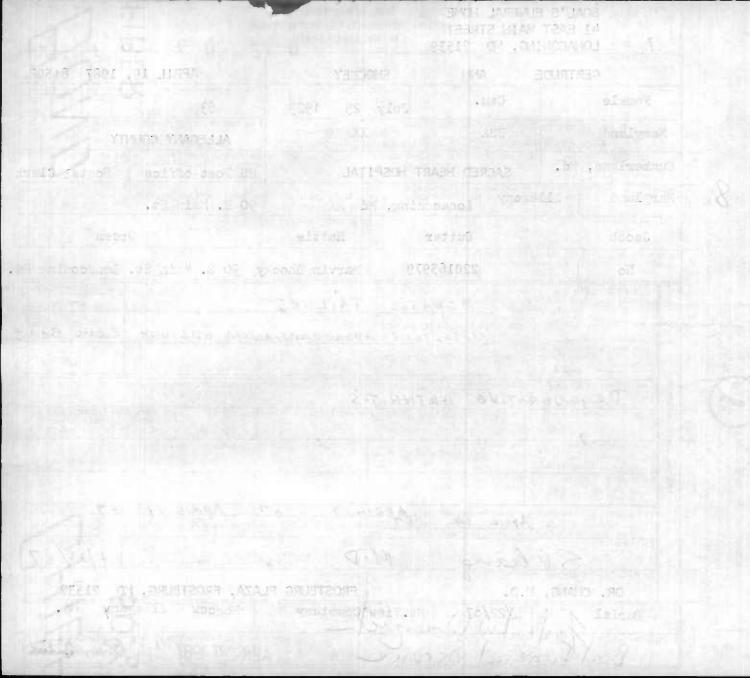
# STATE OF MARYLAND

DEC		1				STAT	E OF MARYLAND				
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	3-16-74		4.2	REGISTRAR		CERTII	ICATE OF DEATH	7 REG. N	0. 6 6	1-1	
		( ) ( )		EASED NAME FIRST	MIDDLE		LASI	2a. DATE OF DEATH	MONTH DAY	YEAR 26. HOU	JR
	page 3		(TYPE C	Fred	П	S	heller		4 7	87 7:5	SO PM
	oy de	-	3. SEX	ried	4. RACE	5. DATE (		6. AGE (IN YEARS LAST BH	(THDAY) IF UNDI	ERTYEAR # UNDER	
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RYL	4	27/	LA"EAT	HER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN I	NAME		LAST	
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m,	o o o	36			ARMED FORCES? 166 S	SOCIAL SECURITY NO.	17 INFORMANT	P.O. ADDR	ESS 211		
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ALT	ysicion ysicion vol	e e								APPROXIMATE INTER	
	phys population	rent,		8 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		Corda	respiratory	arrest			
22	cert ing rbor	ic e		IMMEDI	IATE CAUSE (a)		1				
PRESTON	tend e co on, o	e e		Conditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF	on new	- mie wit	e.		
8	e de or	10		gove rise to immediate	(b)						
3	by th	the	ы	cause (a), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF	Sencia				
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	sign o bu	uny		PART 2 OTHER SIGNIFICAN	I CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TE	KWINAL DISEASE OF CON	DITION GIVEN IN	PARI IIG	
DIVISION OF VITAL RECORDS,	ree in t	5	CERTIFICATION	98. DATE OF OPERATION	TIME CONDITION	FOR WHICH OPERATIO	NI WAS DEDECTRIED	70a AUTOPSY?	TON IEVES WED	E FINDINGS USED	
REC	low e pr	31	ST.	M. DATE OF OPERATION	190. CONDITION	TOR WITHCH OF ERATIC	WAS FERI ORMED		IN CERTIFYING	CAUSES OF DEAT	TH?
IAI	The cion cion te ho sit p	ho	Ē.		E		Tal How Bluery occ	YES NO	YES 🗌	NO [	
>	AN: fical fron tron	8		() To accident was underlying or contributing () cause of i	110010 1 11	MONTH DAY YEAR	TIE HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	(PART 2)	
Ö	SICIA ng pl certif riol-t	E E	3	(IF EITHER, NOTIFY MEDICAL EXAMI		19					
Ö	his chu	3	w	214. INJURY OCCURRED	21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN CO	DUNTY S	STATE
N	offe offer ter ter thou	A.	2	WHILE NOT WHILE AT WORK							
۵	A P P P P P P P P P P P P P P P P P P P	E		22a. I certify that (I) (this has	spital) attended the deci	eased from	, 19	, ta	. 19	, that (I) (v	we) last
	TTEN portol for u	21 :		saw the deceased alive above, (I) (we) (did) (did	on	19, a	nd that in (my) (aur) apınic	an death occurred on the d	ate and hour and l	rom the causes sto	ated
	OR A e has DIREC Iched Dept.	E	1	226. SIGNATURE	nar, view the bady difer	C C	DEGREE	THE REST. LAND	27	2c. DATE SIGNED	
	the the period	=		C/Can	x 4. Ta	().	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	4/8/8	7
	PITA PERA Ste d	47		224 PHYSICIAN'S NAME (TYP	PE OR PRINT)		22e ADDRESS	G PINECTON G TITOS			-
	tage of	8/		JESUS H. TA	N M.D.		FROSTBURG PL	AZA FORTAL	.11 ma	2153	7
_	TO H Show	1-				122, NIAME OF	EMETERY OR CREMATOR		(10- 1110)	0,50.	
11/1	494	4.	O (5)	JRIAL, CREMATION, REMOV	AL 236. DATE 4/10/87		,	CITY OR TOWN	COUN	a - Ade	TATE
17	BP		1000	Mal	4/10/0/	Linco		JAMBERS	300.00	RANKLIN P	A
1	DHMH - 16 50M 4	1/83	74. FUI	NERAL DIRECTOR	· 0 = main	ADDRESS ON ACOL	2/539 15 A	PR T4 1987	75b REGISTRAR'S	N. Kandesta	
	(VRA 15 4)		[/	· c m	QF MAINI &	J /ONIACOI	VIAIG MA	77			

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The most interest and the second seco	
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그 나이를 통하는 것이 되었다면 이 경기를 가지 않는 것이 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 되었다면 다른 것이다.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN THE low many the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or ottending physical	TO FUNERAL DIRECTOR. After this centificate to be again, by the ottending physicion and completely littled in by the fundition toget 3 should be detached for use as the buriol-training many the cream over carbon popers. Pages 1 and 2 should be detached for use as the buriol-training many the state Dept. of Health and Mennol I game to creaming, or removal.
--------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	- 1		FUNERAL			OF MARYLAND				
051000		FOR 41 EAST	MAIN S	TREETPEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE			
051835 AP	R. P.		IING, MD	21539		ICATE OF DEATH	DEG. N	0 0	3	
		DECEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
noy be		GERTRUE		ANN		DCKEY		RIL 19,		6:50P <sub>M</sub>
ge 4 mc ector p	3	SEX Female	4 RACE Cau		July		6. AGE (IN YEARS LAST BIRT	YRS.	INDER TYEAR	# UNDER 24 HRS HOURS MIN.
oth. Po	7	BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF ALLEGAN			MD.
on the find with admitted	3	CITY OR TOWN OF DEATH Cumberland, Md.		HOSPITAL, NURSIN HEACHITY GIVESTREET HEART	G HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF US Post of	WORKING HEEL	INDUSTRY	BUSINESS OR
MARYLAND 2120 ed within 24 hours fond 2 steem of the continue		MATYLAND 136. AQ	PEGany	GIVE RESIDENCE BEFORE	N .	ISO INSIDE CITY LIMITS?	13e STREET ADDRESS / 90 E. Main	ZIP CODE	215	39
rely sk	Ø 14	FATHER'S NAME				15. MOTHER'S MAIDEN NA				
MAR w bed w	U	Jacob	WIDDLE	Cutter		Hattie	WIDDLE	G:	reen	
	1 16	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU		17 INFORMANT	ADDRE	SS		
BALTIMORE ote be execu- sicion and cappers. Pages vol.		(YES, NO ORUNKNOWN) (IF YES, C	IVE WAR OR DATES)	22016597	9	Marvin Shock	cy 90 E. Ma	in St.	Lonac	oning Md.
ALTI sicion pers. ol.	1 =	18. CAUSE OF DEATH (Enter of	only one couse pe	r line for (o), (b), on	dict.)	•		-	APPROXIV BETWEEN C	MATÉ INTERVAL DISET AND DEATH
the second		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	HEPAT		FAILURE				
on series	-	WW.ED.		R AS A CONSEQUE						
PRESTON he death or emove corb motion, or r froumotic		Conditions, if ony, which	( (b) /	METASTA	TIC 1	4DENOCARCIA	VOMA OT L	IUGR,	LUNG	a BONE
W. PRI		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	ENCE OF					
20 20			(c)	ON INDIDITING TO	DE ATH DUT	NOT BELLYED TO THE TEN	This pieces on cour	UTION CREAT	DADADY 1	
		PART 2. OTHER SIGNIFICANT	RATIVE	S ADT	HR17	_ !_	INAL DISEASE OR CONL	IIION GIVEN	IN PAKT 110	
RECORDS	$\overline{}$	190 DATE OF OPERATION		ITION FOR WHICH		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
	7	JL9 QN 6					YES T NOT	IN CERTIFYIN	_	OF DEATH?
ATTA	1	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR				
SICJAN ng ph certific oriol-tr		OR CONTRACTOR CAUSE OF O	CAIN .	.M. MONTH D/	AY YEAR	1. (1) (1)				
ON OF HYSICIA ding pl ding pl ding pl buriol-t Mentol		(IF EITHER NOTIFY MEDICAL EXAMIN		OF INJURY	19	211 LOCATION				
DIVISION OF VITAL  NG PHYSICIAN The other this centricate to so the buriol-from the ond Mentol I your orked or frem 18 the orked or frem 18 the		WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE F	ARM, ETC }	STREET	CITY OR TOV	VN	COUNTY	STATE
Africa Af		220.1 certify that (I) (this has	oitol) attended th	ne deceased from_	APR	11 3 19 8	7. to APRIL	19, 19.	87.	that (II (we) lost
TTEN TTEN TOR TOR for u		sow the deceased alive of above, (1) (we) (did) (did)	n APRIL	ofter death	87 or	d that in (my) (our) opinion	death occurred on the da	te and hour or	nd from the	ouses stated
OR AT oched for oched f		22b. SIGNATURE	o a	Oner deom.		DEGREE	EARLE AND LOST		22c. DATE	SIGNED
the OF AL OF AL OF AL DIFFER OF THE T. IF H		1 30	has	nd	M	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	4/0	0/87
HOSPITAL ned by the FUNERAL old be det of the Store	7	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	8	14 = 1	22e ADDRESS			1	1
		DR. CHANG,	M.D.			FROSTBURG PI	LAZA, FROSTE	BURG, M	D 21!	532
0 g 0 g x	2	G. BURIAL CREMATION, REMOVA		87 \ <sup>2</sup> MH	PANE PE	FYCERN OF CREMATORY	734 MS & HOW	Alleg	any	Md.
BP		(SPECHEDULT LOLD	11 4/22/	1111	NH	1	- CINFORTOWN	4	TIMO	STATE
DHMH - 16 50M 4/83	2	FUNERAL DIRECTOR	Lovo !	ADDRESS	C	25a. DAT	E REC'D. BY REGISTRAR	56. REGISTRA	R'S SIGNAL	IDE
(VRA 15, 4)		Boal to	nera	1 JELL	160		APR 27 1987	Julia .	Dunder	Kandall



ng physicion and combon popers.

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	24.00		****		b.d.a.m.	

DEDA DEMENT OF MEALTH AND MENTAL HYCIPME

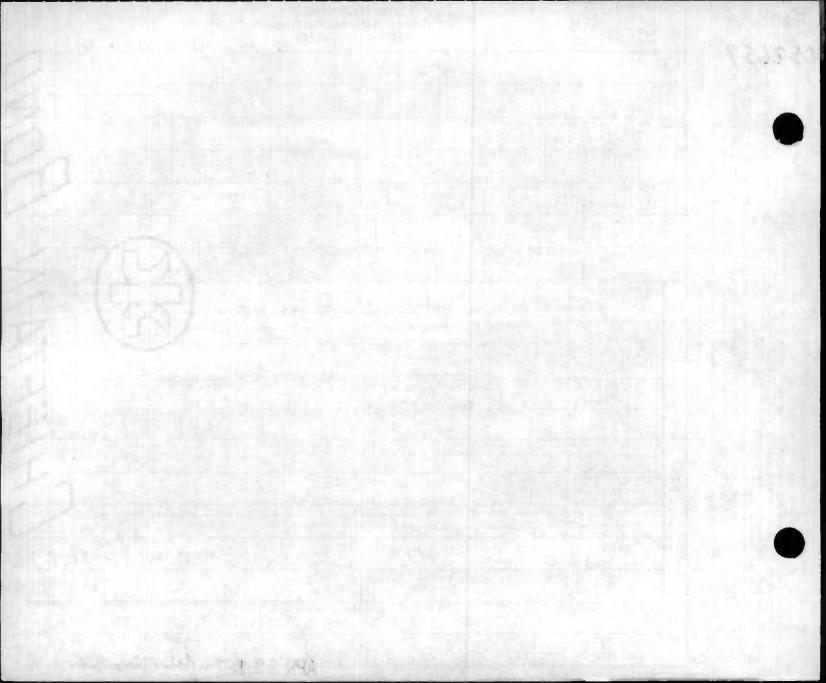
1 - STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	R / REGINO.9	666
1, DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 2b. HOUR
Marga	ret Loretta	Sisk	04	-17-1987 9:07A M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
female	white	MONIH 10-30-1919 YEAR	67	YRS.
JE BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? 8	9. BALTIMORE CITY OR CO	
COUNTRY) MD	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Allegany	AA D
10. CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Cumberland		: Hospital (E/R)	traffic cler	
13a STATE 13b Co	te or other institution give residence before the state of the state o		?   13e.STREET ADDRESS / ZIP 817 Bradd	ock Road/21502
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
Frank	J. Weisenmiller	Marie	arguerite Acker	man
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEG	CURITY NO 17. INFORMANT	ADDRESS	
no (Fres	220-10	1-1517 Mr. James	W. Sisk, Cumbe	rland, Md - husban
18 CAUSE OF DEATH (Ente	r anly ane couse per line for (a), (b), o	and icity A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	DIATE CAUSE (a) My	andel and	- lim	Shows
1777166	DUE TO, OR AS A CONSEQ	HENCE OF		
Conditions, if any, which		DENCE OF		ARE DESCRIPTION
gave rise to immediate cause (a), stating the		LIENCE OF	ACT IN STREET	
underlying cause last		OLINCE OF		
PART 2 OTHER SIGNIFICAL	T CONDITIONS CONTRIBUTING )	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITIC	ON GIVEN IN PART 1/a
8 Rhen	natored a Sh	rite		
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
THE STATE OF THE S			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING		211 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN I	TEM 18 PART   ORPART 2)
OR CONTRIBUTING CAUSE OF	DEATH	19		
(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE DAT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CHI ON TOWN	3,712
220.1 certify that (I) (this hi	ospital) attended the deceased from		, to	that (1) (we) last
sow the deceased alive	on19.	, and that in (my) (our) opini	ian death occurred an the date a	nd have and fram the couses stated
77% SIGNATURE	Thos view the apply other depth.	DEGREE		224 DATE SIGNED
Len	V Dune	NO ATTENDING	MEDICAL STAFF	7 20 als 87
226 PHYSICIAN'S NAME IN	M DEMINIT	22e ADDRESS	W DIRECTOR   PHISICIAN	
Coorgo M	Prozo M D	DMC 010 C	atan Daiya Cum	hanland MD 01500
230 BURIAL, CREMATION, REMOV	Breza, M.D.	NAME OF CEMETERY OR CREMATOR	eton Drive, Cum	Jerrano, MD /1507
(SPECIFY) Burial	04-21-1987	SS Peter Paul Cem		d Allegany MD"
24 FUNERAL DIRECTOR			DATE REC'D. BY REGISTRAR 256	0 ,
	rnelli Cumberlan		140	A STOTATORE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

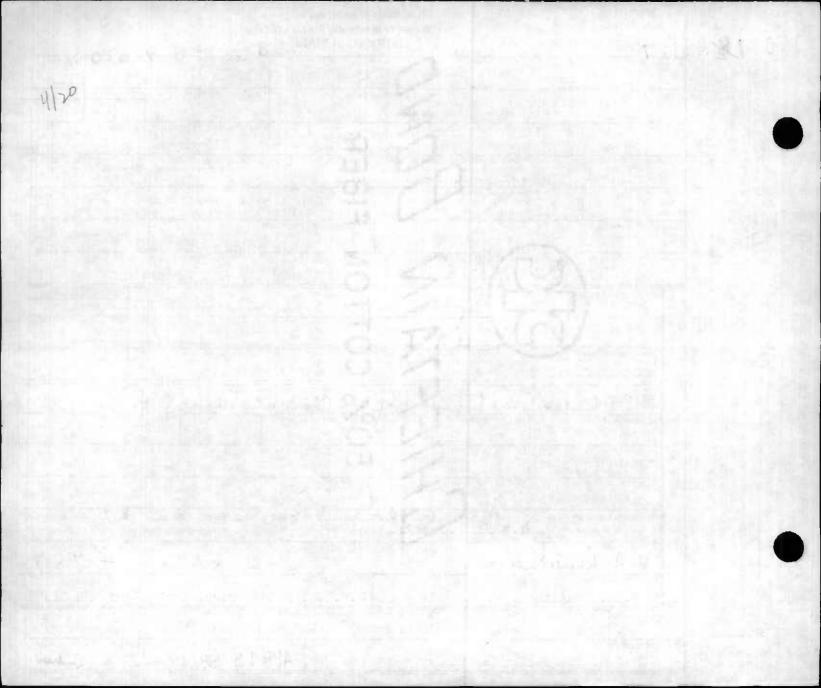
IMPORTANT: If Rem 21 is morked or Rem 18 shows any injury, or other troumatic

TO FUNERAL DIRECTOR. After this certificate has been signant should be detached for use as the buriol-transit permit. Then situs with the State Dept. of Health and Mental Hygiene prior to build.



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	1.	FOR STATE			DEP		IT OF HE	OF MARYLAND		NE			
UN UN B APA	16	REGISTRAR			100	- (		CATE OF DEAT	- (	REG. N	1 1	6 1	ģ
m. c		CEASED NAME	FIRST	M	IDDLE		LA.	ST		0. DATE OF DEATH	монтн	DAY YEA	26 HOUR
noy be poge 3			evi	A	١.		Smi	th			04	08 87	5:25 M
Po Po	3 SE)			4. RACE		5.	DATE O	F BIRTH	1	AGE (IN YEARS LAST BIE	RTHDAY	MONITS DAYS	
s of		male	3.74	white	e	100	MONTH 05	-15-1909	EAR	77	YRS.	MONTHS! DATS	HOURS MIN.
		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF W		VTRY? 8			50 0	BALTIMORE CITY		Y OF DEATH	
# 15/19	l '	PA	100	USA			MARRIED	NEVER MARRI		Allega	ny		MD.
	10 CI	TY OR TOWN OF DEA	.TH	11. NAME OF H		URSING H	HOME OF	R OTHER INSTITUTI	ON I	20 USUAL OCCUPAT	ION		OF BUSINESS OR
201 th the 1		Cumberlan			Manor	Nur	sing	Home		ret. mecha		Gara	age
121		AL RESIDENCE (IF NURSI	13b COUN		13c. CITY OF			13d. INSIDE CITY LI	MITS?	3e.STREET ADDRESS	/ ZIP COD	E	
AN COMMENT		MD	A1	legany	Cum	berla		YES NO	_	Harrison	Stre	et/2150	)2
LI STATE OF THE BAT	14. FA	THER'S NAME	,	MIDDLE	LAS	57		15 MOTHER'S MAII	DEN NAME	MIDDLE		LA:	ST
W TOTAL			Levi	C. Smit	h					Ettie Whi	tfiel	Ld	
NE.		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY	Y NO.	17 INFORMANT		ADDR	ESS		
BALTIMORE, MARYLAND 2120  The Lie executed one 24 four vicion and complete filled in by speci. Fuge 1  of 11 medical of the medical of the control of the co		no	(# 163.014	. WAR OR DATES	75-16	8909	9	Lettie L	. Res	tly - gran	ddaug		
		18 CAUSE OF DEATH PART I. DEATH W.	H (Enter and	ly ane cause per l	3	q.						BETWEEN	ONSET AND DEATH
Do P. C.			IMMEDIAT	E CAUSE (a)	Sepin	Com	uu	•					
oth o				DUE TO, OR	AS A CON	SEQUENC	E OF						
RES e de move notion		Conditions, if any, gave rise to imm	nediate	(b)	U.	1							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the death certificate his certificate has been signed by the ottending in the this certificate has been signed by the ottending in the hind to the please remove corbon the hind to the please remove corbon the hind that the please remove corbon the hind that the please remove corbon the hind that the please in the please remove corbon the hind that the please in the		cause (a), stating underlying cause		DUE TO, OR	AS A CON	SEOUENC	CE OF						
201 ned b plea prial,		PART & OTHER SIGN	JIEICANT C	ONDITIONS (CO	NTDIRUTIN	G TO DEA	TH BUT I	NOT PELATED TO T	HE TERMIN	IAL DISEASE OR CON	IDITION GI	VEN IN PART 1	0
quire quire sign fhen to bi	Z	SPTNL	à Con	0/200		mil		30	ver un'		c Cris	7.6	
CO w re	ATE	190 DATE OF OPERAT	ION	19b. CONDIT	M 000	~	1	WAS PERFORMED	0 11	20a AUTOPSY?		S, WERE FINDI	
L RE lo hos hos	I H						V			YES T NOT		IFYING CAUSES	NO
ATT 4: Th	CERTIFICATION	21a. ACCIDENT WAS UND	ERLYING	21b. TIME OF				21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART 2)	
Clar Clar ph		OR CONTRIBUTING C				H DAY	YEAR						
AYSII dung ding	MEDICAL	214 INJURY OCCURR		21e. PŁACE C	F INJURY			211 LOCATION		CITY OR TO		COUNTY	STATE
VISI G PH offen the rer th	¥	WHILE NOT WH	ILE	(AT HOME STRE	ET, FACTORY, C	OFFICE FARM.	, ETC )	STREET		CITY OR IC	JWN	COUNTY	STATE
A A A A A A A A A A A A A A A A A A A		22a. I certify that (I)		ol) ottended the	deceased 1	from	12 -	3.1 10	8-	10-14-	8	1987	that (I) (we) last
TEN TOR OF US		saw the decease	d alive an	4-8		1987	, one	d that in (my) (our)	opinian de	oth occurred on the d	lote and ho	ur and from the	
hosp hosp heept. o		abave, (I) (we) (d 22b SIGNATURE	lid) (did not	view the body o	itter death.		D	EGREE				22c DATE	SIGNED
The state of the s		1 1 1 (/	any	Lan				ATTEN PHYSI	DING	MEDICAL STA	FF CIANI	4-	-9.87
SPITA I by VERA	1	22d. PHYSICIAN'S NA		1011				22e ADDRESS	CIAN	DIRECTOR PHISI	CIAN		1 0 1
HOSPITAL ined by th FUNERAL tel		V. A. R	anait	han, M.	D.			T.M.N.H.	Seto	on Drive,	Cumbe	rland. I	MD 21502
0 te 0 te 1	23n B	BURIAL, CREMATION, I			<i>-</i> •	1237 NAM	AF OF CE	METERY OR CREM		23d LOCATION			21502
D.D.	130. 6	Buria		04-11-	1987			t Burial		Cumber]	and	ATTACAT	TV MD
BP	24 FI	JNERAL DIRECTOR		04 11	1707	1,411	0103			REC'D. BY REGISTRAN		Allegar	1
DHMH - 16 60M 7/B4 (VRA 15, 4)		James F.	Scarn	olli O	mherl	and.	MD 1		APR		Auti	- 4	Pondale



DHMH - 16 60M 7/84 (VRA 15, 4)

retrail director, page 3

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#### STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CF	RTI	FICAT	F OF	DEATH	(3)

MY -		FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE	0	h h	8
	1. DE	CEASED NAME FIRST		WIOOFE	t	AST	20. DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR
	(TYPE	E OR PRINT) HARO	LD	JOHN	SN	YDER	April 29,	1987		8:25 Am
	3. SE	Х	4 RACE		5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	Cau		Dec	214 1906	80	YRS	MONTHS. DAYS	HOURS MIN.
1/1	7a. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
9/		Ill	U.S.A		WIDOWE	D DIVORCED	Allegany			MD.
50		mberland	(IF NOT IN SU	HOSPITAL NURSIN CHFACEITY, GIVE STREET al Hospit	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Engineer	OF WORKING L		F BUSINESS OR
	130. 5	ALRESIDENCE (IF NURSING NOME OR STATE IN COUN MINE	ITY	GIVE RESIDENCE BEFORE  136. CITY OR TOW  Keyser	AOMISSION)	13d INSIDECITY LIMITS? YES X NO []	13e.STREET ADDRESS		E 4	26726
MA	14 FA	ATHER'S NAME	WIDOLE	LAST	199.1	15. MOTHER'S MAIDEN NA	AME		IA <sup>5</sup>	
Ros	/ ]	Frederick	Α.	Snyder		Retta	Wilso	nholi		,
32		WAS DECEASED EVER IN U.S. AR.	MED FORCES?	166 SOCIAL SECU		17 INFORMANT				lback L
A X		No		236-03-	2096	Harold J.	Snyder Jr			
17.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per D BY: E CAUSE (a)	Condu	0 10/1	pinatory	anest		BETWEEN	MATE INTERVAL ONSET AND DEATH
rs ony injury, ar ather tra	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION	(c)ONDITIONS C		DEATH BUT	NOT RELATED TO THE TER/	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
6/	RTI		24 2445		100	101 11011111111111111111111111111111111	YES NOX		ES 🗌	NO 🗌
lem 18	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	.M. MONTH DA .M.	YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
marked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC )	211 LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
If Item 21 is		220.1 certify that (1) (this hospi saw the deceased alive an above, (1) (wer felial) (did no 22b. SIGNATURE	-	7/28/ 198		d that in (my) (our) apinion DEGREE ATTENDING	/ MEDICAL ST	AFF	ur and from the	
Z /		22d PHYSICIAN'S NAME TO	(Panel)		10	PHYSICIAN 22e. ADDRESS	·		- 1 n1	1-
MPORTANT		Dr. Riaz Janj	ua				rial Hospita erland, MD		icar Br	ag.
_		BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
_ [		Burial	5/2/	87 Po	tomac	: Mem Garde	ns Keyse		linera]	WV
7/84	24 FI	uneral director NAME  Craig Rotm	jek 85	A Main	St. K	NA.	TE REC'D BY RECOSTRA	R 25h. REGIS	TRAR'S SIGNA	URE

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anginger civil				
124 in 1 Street 20,200	X	Teavel	inereni	· V
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angles Calchard Agree es.Colla pil.: 10	b biorga		paint sum	0.
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			5/2	In i nue

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTII	FICATE OF DEA	ATH	/ n	EG. No.	6 3		
2		CEASED NAME	FIRST		WIDDLE		LAST		20. DATE OF DEA		DAY YEAR	2b. HOU	JR
	-(1172		PAUL	UL	YSIS	SN	YDER		April	22, 198	37	8:3	0 Am
1	3. SEX	(		4 RACE		5. DATE (	OF BIRTH	YEAR	6. AGE (IN YEARS I		IF UNDER 1 YEAR	IF UNDER	R 24 HRS
1		ale		White			20,1915	TEAR	71	YRS.	MONTHS DATS	HOURS	MIN.
-	₹a. BIF	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MAR	RRIED 🗆	9. BALTIMORE C	ITY OR COUNT	TY OF DEATH		19
2		est Virgin		U.S.A.		WIDOW	ED DIVO	RCED 🔲	Alle				MD.
2	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITU	MOIT	120. USUAL OCC		12b. KIND (	F BUSINE	ESS OR
1		Cumberland		Memoria	al Hospita	a1			Mech	inic.	Auton	iotiv	e
100	130. 5	AL RESIDENCE (IF NURS TATE aryland	13b. COUN	other institution of the state	13c. CITY OR TOW Potomac	Park	13d. INSIDE CITY	LIMITS?	13e.STREET ADDI	RESS / ZIP COI Lotus	DE Avenue	/ 21	502
1	14. FA	THER'S NAME	7.4	MIDDLE	LAST		15. MOTHER'S M	AIDEN NAM	\E	DIE			
1		George			Snyder		Ger	trude	Cat	herine	Hars	h	
		AS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	199		ADDRESS			
		No			230-20-7	190	Lavina S	nyder	- Addre	ss same	as #13	abov	e.
		18. CAUSE OF DEATH PART I. DEATH W	H (Enter or	ly one couse per	line for (a), (b), and	d (c).)			0		APPROX BETWEEN	ONSET AND	RVAL
		PARTI. DEATH W		E CAUSE (o)	Cardio	puli	morran	, ar	rest		20	min	utes
				DUE TO, O	R AS A GONSEQUE	NCE OF	0.	,				Da. 11	
1		Conditions, if ony, gove rise to imn		(b)	pilat	eral	muem	onia			-	ays	,
1		couse (a), statin underlying couse	g the	DUE TO, O	R AS A CONSEQUE	NCE OF						-	
1				(c)									
	CERTIFICATION	PART 2. OTHER SIGN	cute	rena ?	. / //	DEATH BUT			nal disease or			lope	thy
7	ICAI	190. DATE OF OPERAT	ION	196. COND	ITION OR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY	20b. IF Y	ES, WERE FINDI	NGS USE	D TH2
1	RTIF									XX V	YES 🗌	NO [	
7		210. ACCIDENT WAS UND OR CONTRIBUTING	_		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJUR	RY OCCURRI	ED (ENTER NATURE	OF INJURY IN ITEM 18	3 PART I OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER	) P.		19	715						
1	MED	21d. INJURY OCCURE		21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211. LOCATION STREET		CIT	Y OR TOWN	COUNTY	5	STATE
1		AT WORK AT WOR						*7	4-22		5-7		
1		220.1 certify that (1) sow the decease				37 0	nd that in (my) (ou	19.8/	_, 10		. 19 <u>8/</u> .	thot (I) (	we) lost
	-	obove, (I) (we) (c 22b. SIGNATURE	lid) (did no	t) view the body		, ,	DEGREE	· / opinion a	com occorred on	The dote ond he			brea
		-	wan	nta m	1)		ATTE	ENDING SICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	22c. DATE	2/8	7
		22d. PHYSICIAN'S NA	ME ETIMO	e elect)			22e ADDRESS	69 Gre	ene Stre	eet	1	1	
		Dr. Gupt	ta					Cumber	land, M	21502			
	1.5	URIAL, CREMATION,	REMOVAL				EMETERY OR CRE		23d. LOCATION	WN	COUNTY		TATE
	B	Burial		4-25-8			Memorial				Legany-M		and
		INERAL DIRECTOR G			ADDRESS				REC'D. BY REGIS		-	URE	771
	2	202 Greene	Stro	et-Cumb	erland. M	d. 2	1502	APR	2 7 1987	Allia 1	corder P	does	,

21502

DHMH - 16 60M 7/84 (VRA 15, 4)

202 Greene Street-Cumberland, Md.

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical exemination

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(4)	APR 2 7 1987 CLL JA	
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John J. Hafer, Jr. LaVale. MD

HAFER FUNERAL HOME Film#G626, sjbstate of Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

Cremation 24 FUNERAL DIRECTOR

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 925 BISHOP WALSH RD. CUMBERLAND, MD 21502 23¢ NAME OF CEMETERY OR CREMATORY Smithburg Crem.

1987

**INDUSTRY** 

Dobbie

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

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STATE

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126 KIND OF BUSINESS OR

reduction in the contract of the ACT THE SHEWLES AND SERVED AND ARRESTS TO THE SERVED AS A SERVED A 46 TA TAT . 2001 Calculated secret heart hospital and the long to the control of th Note that the state of the stat This Hast Trans Robert Con &

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THE PROPERTY WATER AND CHART LAND TO SERVE

the funeral director, page 3 and within 72 hours after death

STATE OF MARYLAND

FOR STATE	DEPAI	RTMENT OF HEALTH AND MENTAL F	TYGIENE	
REGISTRAR		CERTIFICATE OF DEATH	8 / REGINO. 9 6	71
I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
HYPE OR PRINT! MAR	$\mathbf{P}_{\bullet}$	STALLINGS	April 18, 1987	5:18
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	May 11, 1913	73 YRS.	MONTHS DAYS HOURS MIN.
Ta. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	RY? 8.	- 9 BALTIMORE CITY OR COUNTY	OF DEATH
W. Va	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Allegany	MI
10. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OF
Cumberland		ital & Medical Cent	ter Homemaker	"Own Home
USUAL RESIDENCE (IF NURSING HOME 130 STATE 131 CO			? 13e.STREET ADDRESS / ZIP CODE 100 Honeysu	ckle, 21532
14 FATHER'S NAME		15. MOTHER'S MAIDEN	NAME	
Robert	N. Grahai	m Ruby	MIDDLE	nett inst
160 WAS DECEASED EVER IN U.S.	210	174	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 214-07-	-2295 Robert E	. Stallings, sa	me as 13e
	anly one couse per line for (a), (b),	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY:	inclass Va.	· Peras	
SS I IMMEDI	ATE CAUSE (a) B O S	character and		
Canditions, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF P	1.	
gave rise to immediate	(b)	sig finance	May	
cause (a), stoting the underlying cause lost	DUE TO, OR AS A CONSEC	QUENCE OF	2. 4	
DARLS OTHER SIGNIFICAN	(c) View Controller	Will Washington		TEN ALDADY I
	L CONDITIONS CONTRIBUTING I	-0	ERMINAL DISEASE OR CONDITION GIV	EN IN PART ITO
No DATE OF OPERATION	LIG CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20g AUTOPSY7 20b, IF YES	S. WERE FINDINGS USED
19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	19 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
<u>x</u>		In How himsy one		s NO 🗆
OR COLUMNIA COLUMN		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18. P	ART 1 OR PART 2]
(IF EITHER NOTIFY MEDICAL EXAMI		19		
(IF EITHER NOTIFY MEDICAL EXAMILE 121d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM. ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK				
	spital) attended the deceased fra		, ta 7 - 18:87.	19, that (I) (we) las
saw the deceased alive above, (1) (we) (did) (did	nat) view the bady after death.	ond that in (my) (our) opin-	ion deoth accurred on the date and hav	r and from the couses stated
22b. SIGNATURE	- 1	DEGREE		22c. DATE SIGNED
level	- A cee	ATTENDING PHYSICIAN	G MEDICAL STAFF N DIRECTOR PHYSICIAN	4/21/27
22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS		
William P. Ia	mes, MD	441 N. Cer	ntre St., Cumberla	nd MD 21502
23a BURIAL, CREMATION, REMOV		31. NAME OF CEMETERY OR CREMATOR	CITY OF TOWN	COUNTY
Burial	Apr.21187	Frostburg Mem.		Allegany, Md.
24 FUNERAL DIRECTOR		25a.	DATE REC'D. BY REGISTRAR 25b REGIST	RAR'S SIGNATURE

DHMH - 16 60M 7/B4

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other troumotic

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cri

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician

(VRA 15, 4)

Durst Funeral Home, Frostburg, Md.

APR 23 1987 Julia Dividson Randall

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EPARTMEN	T OF	HEA	LTH	AND	MENTAL	HYGIEN
C	FRT	IFIC	ATE	OF	DEATH	(3)

051030 APR	9.	FOR STATE REGISTRAR			DEPAR	MENT OF	EALTH AND MENTA ICATE OF DEATH		REGINO	9 6	7 2	
		EASED NAME	FIRST	A	MIDDLE		AST	20. DA	- 452	NONTH DAY	YEAR 2	26. HOURS: 00
noy be poge 3 sr deoth	(TYPE	OR PRINT)	1ARY	CA	MILLA	STA	LNAKER	AD	ril 20.	1987		P. M
Hoy er de	3. SEX			4. RACE		5. DATE O	F BIRTH		(IN YEARS LAST BIRTH	DAY) IF		IF UNDER 24 HRS
ge 4	1	Temale		Cau		Jan	9 1917	7 70		YRS	NIHS DAYS	HOURS MIN.
2 11 2/		RTHPLACE (STATE OR OUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIEL	9. BAL	TIMORE CITY OR	COUNTYO	FDEATH	
1 2/2		ID .		U.S.		WIDOW	D DNORCE		Allega:			MD.
Her o	10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURS		OR OTHER INSTITUTIO	(TYPE C	SUAL OCCUPATION WORK FOR MOST OF	WORKING LIFE)	126 KIND OF	BUSINESS OR
201		umberland	18		rial Hos			He	memaker			200
24 ho	13a S	L RESIDENCE (IF NUR TATE	136/COUN	ity leral	Burli	WN	138. INSIDE CITY LIMI YES \ NO \(\hat{2}\)		REET ADDRESS / BOX	ZIP CODE 153	A /26	110
completion of completion	1	THER'S NAME FIRST		MIDDLE	Zemb	ower	15. MOTHER'S MAIDE		MIDDLE		Sea	rs
BALTIMORE, MARYLAND 2120 core be executed within 24 hours spers. Poges 1 and 2 and a the trial	160. V	(AS DECEASED EVER ES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SEC 214-05-		17. INFORMANT Charles		ADDRES alnaker	KT 1	ingto	
icote to popers		18 CAUSE OF DEAT PART I. DEATH V	H (Enter on	ly one couse per D BY:	line for (o), (b), o	ind (cs.)	la manda	245	. 1			ATE INTERVAL
Certificant phonon phon			IMMEDIAT	E CAUSE (o)	Cardi	1	hiology	avv	us r		min	ures
STOP tendi		Conditions, if ony	biah	DUE TO, OI	R AS A CONSED	UENCE OF	an fai	lune			day	C.
W. PRESTON not the deoth or by the ottendin ase remove corb. cremation, or other troumatic		gave rise to im- couse (a), station underlying couse	mediote ng the	DUE TO, OI	R AS A CONSEQ	1	io				da	15
DS, 201	NO	PART 2 OTHER SIG	NIFICANTO		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMINAL D	ISEASE OR COND	ITION GIVEN	IN PART 118	
I RECOR	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		AUTOPSY?		VERE FINDING	
OF VITAL  CLAN: The graphs scientificate incl-transit into Hygic em 18 sho	CAL CERT	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY O	CCURRED (EN		IN ITEM 18 PART	1 OR PART 2)	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The center in other ding physicial free this certificate is the burial-transit enter in the ond Mental Hygicial free that Mental Hygicial free free is the ond Mental Hygicial free free is shown any injury, or orked or frem 18 shows any injury, or orked or frem 18 shows any injury, or or other index.	MEDIC	21d. INJURY OCCUR	RED	21e. PLACE		FARM, ETC )	211 LOCATION STREET		CITY OR TOW	И	COUNTY	STATE
TENDIN ortol or TOR: Af or use o or use o of Health		220. I certify that (I) sow the decease above, (I) (we)					nd that in (my) (our) o	, to pinion death o		e and hour o		ot (I) (we) lost
AL OR AT the hosp AL DIREC detached of the Dept.		22b. SIGNATURE	Manage (did no	for no	offer deoth.		DEGREE ATTEND PHYSIC		ICAL STAFF		220. DATE SI	GNED 1/17
HOSPIT ned by FUNER old be of the Sto	1	22d. PHYSICIAN'S N	AME TYPE O	R PRINT)			22e. ADDRESS 69	Greene	Street		1	( )
O HOSPITA etained by TO FUNERA should be d with the Sto		Dr. Suni	1 K. G	Gupta			Cun		d, MD 21	502		
000000		urial, cremation,	REMOVAL	23b. DATE 4/23/			emetery or cremate Mem Gal		LOCATION GWORTOWN Keyser		Miner	al WV
17 BHAH TO SOM 7/84	_	INERAL DIRECTOR					25		2. 7 1987	Sh REGISTRA	R'S SIGNATU	RE-
(VRA 15, 4)	A.	Craig F	totru	ick 85	S Main	St K	eyser, WV	ALIV	2 1 1307	J man of		(marketty)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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TO MODELLA DESCRIPTION OF THE PARTY AND THE	
retained by the hospital or otherding physicion.	
TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the threatal director page 3	
should be detoched for use as the burial-transit permit. Then please remave carbon popers, Pages 1 act 2 should be mitting within 22 hours after death	
with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If them 21 is marked an Item 18 shaws any injury, an ather troumatic event, the medical manner must be multiplated as	

	1			RAL HUM R STREE			E OF MARYLAND IEALTH AND MENTAL HYG	EME				
	1 -	REGISTRAR CUM					ICATE OF DEATHS	/ 00	9 6	1 5		
1117 -	1. DE	EASED NAME	FIRST	, , ,	MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR	
e ath	(TYPE	OR PRINT)	MINNI	E	RUTH	S.	TILWELL	API	RIL 30	987	6:20P	
1 /	3. SE	(	4	I. RACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BE	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HR	
1 6		emale		White		Jan	. 7, 1908	79	YRS.			
22	W	RTHPLACE (STATE OR FO		USA	_	WIDOWI		9 BALTIMORE CITY S ALLEGANY	COUNTY	1	,	
10		ty or town of DEA	TH		HOSPITAL, NURSING HEART HE		OR OTHER INSTITUTION	TYPE OF WORK FOR MOST Ret. Tea	OF WORKING LIFE	INDUSTRY	School	
\$35	13a S	AL RESIDENCE (IF NURSI TATE Md	NG HOME OF COUNT	TY	GIVE RESIDENCE BEFORE  13c CITY OR TOW  LaVale	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 16 Richa	/ ZIP CODE		505	
S S S S S S S S S S S S S S S S S S S	14. FA	THER'S NAME		NIDDLE	LAST		15. MOTHER'S MAIDEN NAM					
		oda		S.	Cole		Lucin	da		illia	mson	
Poges 1	16a V	VAS DECEASED EVER I VES NO OR UNKNOWN)		MED FORCES? WAR OR DATES!	23540427		John Merr	ADDR		aVale	, MD	
pers.		18 CAUSE OF DEATH	(Enter only	y one couse pe	r line for (o), (b) an	dicy	10.00			APPROX BETWEEN	MATE INTERVAL	
e mo		PART I. DEATH W.		CAUSE (a)	SEF	815/	Susck			/	uny	
signed by the unerservence compression of the properties of the pr	z	Conditions, if any, gave rise to imm couse (a), stating underlying cause	g the lost.	DUE TO, C	OR AS A CONSEQUI	ENCE OF	TRACE IN		IDITION GIVE		•	
os been sermit. The perior to	CERTIFICATION	190 DATE OF OPERAT					N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, IN CERTIFY	S, WERE FINDINGS USED FYING CAUSES OF DEATH?		
Hygier 18 shav	CERTI	210. ACCIDENT WAS UND		21b. TIME O		AY YEAR	21c. HOW INJURY OCCURR	YES NO	JRY IN ITEM 18 PA		NO [	
rial-t entol	CAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P	.M.	19						
s the bu	MEDICAL	WHILE NOT WHAT WORK	NE 🗍		OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE	
for use of Health		22a.1 certify that (1) saw the decease above, (1) (wol/d	d alive on_	-4/	187		nd that in (my) (over) opinion of	to 4/30, death occurred on the c	dote and hour	9, and from the	that (II (we) causes stated	
detoched ote Dept IT: If Item		22b. SIGNATURE	18			H	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	KEF CIAN [	27c DATE	SIGNED	
should be deto with the Stote		22d PHYSICIAN'S NA	ME (TYPE OR	PRINT)			912 SETON DR	IVE, CUMBE	RLAND.	MD 21	502	
5 8 3 A		BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. I	NAME OF	EMETERY OR CREMATORY	23d LOCATION				
		Burial		May 3	1987 W	loods	dale Mem. P	Graftor	Tavl	or W	. Va.	
16 60M 7/B4		JNERAL DIRECTOR			ADDRESS		250 DAT	E REC'D. BY REGISTRA	256 REGISTR	RAR'S SIGNA		
RA 15, 4)		William	G. K	ight	Cumberl	and,	MD MA	Y 6 1987	spirer of	Swiden.	Pandage	

Chees of Chicago Elevifica From Single 1 Female White a Wilson, 7, 1908 Comberland Street How's FORTHOLL Not. Teacher .Co. School Allegeny LaVale E Lichard Way S. Cole Lacinda Williamson City of a love of the straight Bullel Lag 5 1967 Woodedale New F Staff on Taylor w Va. william G. Alghy Cumberland, 100

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052401111	50	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  CER								
	1 DEC	REGISTRAR EASED NAME	FIRST		MIDDLE		AST DE DE DEATS	20. DATE OF DEATH		R 2b. HOUR
		OR PRINT)	BURL	JAM	FC	SUNDE		APRIL 26,	4	10:37P <sub>M</sub>
Poge 4 may be director, page 3 hours offer death	3. SEX		JUKL	4 RACE		5. DATE O	FARTH/5- 1960	6. AGE (IN YEARS LAST BI	IRTHDAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
ge 4 ector	177	male		whi	te	MONT	04 26 1987	89	YRS MONTHS DA	AYS HOURS MIN.
h. Poge ol direct	70. BIF	THPLACE (STATE	OR FOREIGN	1	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED		OR COUNTY OF DEATH	
of the contract of the contrac	10 (1)	WV Y OR TOWN OF	DEATH	USA		WIDOW	DIVORCED	Allega		MD.
201 Is ofter	CUN	BERLAND		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION MEMORISAL (A HOSPITAL ORESS)			120. USUAL OCCUPATION (14 Te tere des to where the) (15 KIND OF BUSINESS OF INDUSTRY VACUUM Sales & Service			
24 hou 215	USUA 130. S	L RESIDENCE (IF) TATE MD	13b. COU	ROTHER INSTITUTION NTY LEGANY	GIVE RESIDENCE BEFOR 136. CITY OR TOW CUMBER 1	'N	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS		A 10 - 1 - 1
MARYLA ompletely end sh	14. FA	THER'S NAME FIRST		mbout underlin	LAST		15. MOTHER'S MAIDEN NA		01000, 22901	LAST
m, 5 0 2 1		AS DECEASED EV	ER IN U.S. AF	MED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS	
Poges medica	(4	YES	(IF YES, GI	VE WAR OR DATES)	216-10-1	337	Mrs. Helen	C. Sunderli	in, Cumberla	and. MD-wif
or, BALTIMOR reficote be executed by physicion and annopers. Page emovol.		18 CAUSE OF DE PART I. DEATH	ATH (Enter of	nly one couse per D BY:	line for (a), (b), on	dici.	-0= (0			ROXIMATE INTERVAL
6) 0) 5				TE CAUSE (o)	MYOCA	ra	a lactur	0,		
PRESTON he death ce smove corb motion, or r		Conditions, if a	nov which	DUE TO, O	R AS A CONSEQU	ENCE OF	ess & He	art Des	easo	
		gove rise to couse (o), st	immediate	DUE TO O	R AS A CONSEQU	ENCE OF	2017210			
though the control of the control of control or other or		underlying couse lost. (c)								
× 40 0 5	NO	PART 2. OTHER	Clere	CONDITIONS CO	AUSU	DEATH BUT	NOT RELATED TO THE TERM		IDITION GIVEN IN PART	I No
DIVISION OF VITAL RECORDS, THE for requirements of physician attending physician for the barrier to be in and Mental theorem premit The format Mental theorem in the format of them. The served or them 18 show any injury	CERTIFICATION	N. DATE OF OPE	RATION	IN COND	TION FOR WHICH	OPERAPIO	NW S PERFORMED	784 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAUS YES [	SES OF DEATH?
OF VIII.	12/01/21	DR CONTRIBUTING	CAUSE OF DE	ATH HOUR A		AY YEAR	21L HOW INJURY OCCUR	RED (ENTER HATURE OF PHI	DEF PLATEM IN PART I DEPART	20
VISION VISION A perty of the bury ond Me bury ond Me or # had or #	MEDICAL	MIN DIN D	URRED	71e PLACE	OF INJURY MET FACTORY, OFFICE,	ar-ovio f	211 LOCATION STREET	Cife CW N	CIWH EQUALS	state
A A A A A A A A A A A A A A A A A A A			-	Not) ottended th	or deceased from_		10	to	19	that (II (we) last
1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		day the deci	eased alive on	of) view the bady	after death	. 01	nd that in (my) (our) opinion	death occurred on the a	late and how and from	the couses stated
AL DRE No AL DRE A PER NO AL DIRECTOR DIRECTOR DESCRIPTION OF THE PER NO AL DREAM OF THE PE		Th SIGNATURE	ad	UNC	ell	0	ATTENDING	MEDICAL STA	GIANTI L	27/V7
HOSPITAL med by 1 FUNERAL wid be de-		224 MAYSICIANES	/	DE PROPETY			CUMBERLAND	PITAL MEDI	CAL BUILDIN 21502	0 401
02 0213/	73e B	DR. TOR		ZZE DATE	23c.1	NAME OF C	EMETERY OR CREMATORY	134 LOCATION		
BP	11	<b>新教育·维尔</b>	cial		0-1987 Is	land	Hill Cemetery	Paw Pa	aw counts	WV
DHMH - 16 60M 7/B4 (VRA 15, 4)		MERAL DIRECTOR			mberland.		25a DA	TE REC'D, BY REGISTRAF	Aulia Divide	VATURE

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He, saving Julia Hill (At. 1, Box 52) Operator supply So.

Maryland Julia Hill (At. 1, Box 52) Operator supply So.

Maryland Allegany Mt. Saving H Calls Hill, glads

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funeral director, page 3 ithin 72 hours ofter death

STATE OF MARYLAND

1.	FOR STATE			DEPARTM		EALTH AND MENTAL HYG	IENE			
23	REGISTRAR					CATE OF DEATH	O <sub>REG.</sub> N	6. 0	10	
	CEASED NAME	FIRST		MIDDLE	L	ASI	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
		HERMA	N	LEE	TEE	TER	April 20.	1987		6:45 PM
3 SEX		4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	
	MALE	-	WHITE		JULY		53	YRS		
	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIET	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	MARYLAND		USA		WIDOWE	D DIVORCED	Allega	ny		MD
10. CI	TY OR TOWN OF DEA	ATH 11	. NAME OF I	HOSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
	mberland			ial Hospi		<u></u>	CONSTRUCT	ON · DE	LAW Y	T.
13a. S	AL RESIDENCE (IF NURS	13b COUNTY		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
	RYLAND	ALLE	GANY	CUMBERLAN	D	YES NO X		TIMORE	PIKE	21502
14 FA	THER'S NAME	MIC	DLE	LAST		15. MOTHER'S MAIDEN NA/	WE		t/	AST
	HENRY	HAR	RISON	TEETE		VIOLA			NAUGL	E
16a V	VAS DECEASED EVER	LIE YES GIVE W	D FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
	YES, NO OR UNKNOWN)	1953-1	955	725-14-6	621	LENORA ROLAND	RFD# 1 BOX	# 10 F	LINTS	TONE MD
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per	line for to), (b), one	HELL				BETWEEN	N CHSET AND DEATH
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	gove rise to immo	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	0				
	underlying couse	lost.	10	sev	u	COPD				
7	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	lio
CERTIFICATION										
ICA	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FIND	ES OF DEATH?
RTIF							YES NO	YES		NO 🗆
	210. ACCIDENT WAS UNE		21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RT 1 OR PART 2)	
CAL	(IF EITHER NOTIFY MEDI	CAL EXAMINER)	P.,		19					
MEDICAL	21d. INJURY OCCUR		(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
	MHILE NOT WHE	RK L								
	22a. I certify that				77	15 19	7. to	20		., tho (we) lost
	sow the decease above of (we) (	ed olive on did) (did not)	view the body	ofter death.		d that in (my) (our) opinion o	deoth occurred on the d	ote and hour		
	226 SIGNATURE	n	00		2 0	DEGREE	MEDICAL STA	cc	22c DAT	TE SIGNED
-		8/5	con				DIRECTOR PHYSIC		71.	21/83
	724 PHYSICIAN'S NA	AME ITHE CAN	DHE			22e. ADDRESS		1110r 05	5frodo	oriols at
	DR. WALEO	AX BOLL	INO			Cumber	land, MD 21		JITEGE	ELICK St.
	URIAL CREMATION,	REMOVAL	21h DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	BURIAL		APRIL	23 1987 1	ROCKY	GAP VETERANS	FLINTSTON	E ALLE	GANY N	1ARYLAND
24 FL	INERAL DIRECTOR			ADDRESS		25a. DAT	REC'D. BY REGISTRAR	25h REGISTR	AR'S SIGINA	ATURE
SI	LCOX-MERR	ITT FUN	VERAL F	HOME CUMBI	ERLANT	MARYLANIAPR	22 1981 8	ina Nas	roce by . Wa.	
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DHMH - 16 60M 7/84

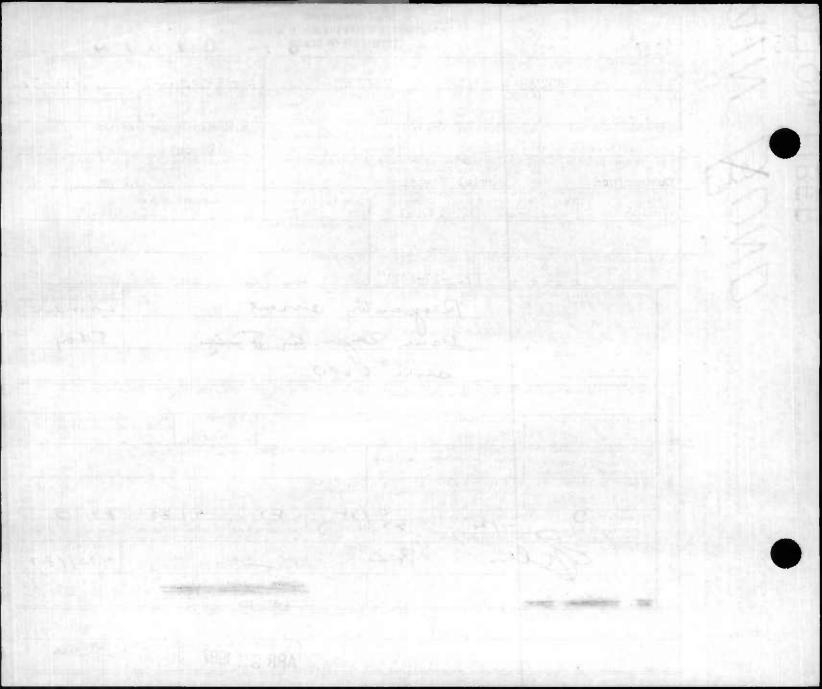
(VRA 15, 4)

CO TUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely inhald be detached for use as the burial-transit permit. Then please remove corban papers. Pages flood 2 shall the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low

TO HOSPITAL

MPORTANT II IEM 21 is morked or Hem 18 shows ony injury, or other troumotic event, the



4	(TYPE OR PRINT)	r in 31					26. DATE OF DEATH
050365 APR	( - A - 2	ELLA	MA	E	VANPEL	T	APRIL 2.
O JO DO WIN	3:-SEX: 1		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH
ctor soft	Female		Cau		Apri	1 27 1912	74
Pog dir	To. BIRTHPLACE (STA	ATE OR FOREIGN		WHAT COUNTRY	(2 8		9. BALTIMORE CITY OR
# 25 p	COUNTRY)				MARRIE	NEVER MARRIED	
9 6	MD		U.S.		WIDOWE		ALLEGANY
きかしたつ	10 CITY OR TOWN O	FDEATH		HOSPITAL, NURS CH FACILITY, GIVE STRE		R OTHER INSTITUTION	120 USUAL OCCUPATIO
5 1 100	Cumberl	and	SACR	ED HEART	HOSPI	TAL	Homemake
212 213 3 in be	USUAL RESIDENCE (	F NURSING HOME OR		GIVE RESIDENCE BEFO		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS /
BALTIMORE, MARYLAND 2120  cote be executed within 24 hours ysician and completely filled in a open-Pages and 2 should be 1 way.  The medicolescemines must be	MD	Alle	gany	Rawlin	ngs	YES NO TX	Rd 3 Box
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ORE, M.	160 WAS DECEASED	~		16b. SOCIAL SEC		17. INFORMANT	ADDRES
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TIN De De	No			214-07	- 7022	Shirley Emma	Gene Parkey
hysici poper tovel:	18 CAUSE OF	DEATH (Enter on	ly one couse pe	line for (o), (b),	and (c).)		
death certificate of corporations of corporations of corporation, or removal.	PART I. DEA		E CAUSE (o)	Card	rac	anos (a	systale al Infar
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of offending physician. The this certificate has been signost the buriol-transit permit. Then the and Mental Hygiene prior to be orked or Item 18 shows any injury	SERTIFICATION OF THE STATE OF T	-V (3C02	k au	10 101	( ,	N WAS PERFORMED	Ina HITODEVA
Necessary September 1	S IVE DATE OF O	PERATION	OND COND	IIION FOR WHIC	HOPERATIO	MASPERFORMED	200 AUTOPSY?
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ON OF ITS ICIAL IN OFFIT ICIAL IN	(IF EITHER NOTIF	Y MEDICAL EXAMINER		м.	19		
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VIS one one ked	WHILE AT WORK	AT WORK	(A) HOME, SI	REET, FACTORY, OFFICE	E, FARM, ETC.)	JAKE,	
DIN OCT		or (I) (this hospi	tall attended th	w deceased from	- 3	130 1087	10 4/2
TEN TO SE TEN TO	sow the d	eceased alive on	4/3/8	10	(3)	nd that in (my) (our) opinion	death occurred on the dat
ATT ATT OSSPORT	22b SIGNATUR	we) (did) (did ad	the the body	after death.		DEGREE	
OR he h	220. SIGNATOR	1/1/	1		1	ATTENDING	MEDICAL STAFF
PITAL by th JERAL Store ANT:	(10	1. Vuc	us		med	PHYSICIAN [	PHYSICIA
	224 PHYSICIAN	I'S NAME (TIPE O	R PRINT)			22e. ADDRESS	
7 : 8 7 6	CLARENC	E VINCE	NT, MD			909-B SETON	DRIVE, CUMBE
Sho sho	23e BURIAL CREMAT	ION REMOVAL		230	. NAME OF C	EMETERY OR CREMATORY	236 LOCATION
BP	(SPECIFY) Buri	al	Apr 5	1987	Dawson	Camatary	Rawlings

ROTRUCK FUNERAL HOME

REGISTRAEYSER, WA 26726

FOR

I. DECEASED NAME

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

YRS COUNTY OF DEATH COUNTY 12b. KIND OF BUSINESS OR WORKING LIFE) INDUSTRY ZIP CODE 21 557 Smith ia Box 133 Rd 3 Rawlings, MD 21557 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH con TION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 📑 NO [ IN ITEM 18 PART T OR PART 21 COUNTY STATE that (I) (we) lost e and have and from the causes stated 22c. DATE SIGNED AN [ ERLAND.MD 21502 Allegany ST MD Apr 5, 1987 Dawson Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR SIGNATURE Craig Rotruck 85 S Main St Keyser, WV 26726

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

MONTH

1987

YEAR

IF UNDER I YEAR

26 HOUR

HOURS

1:35 PM

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DŘMH - 16 60M 7/84 (VRA 15, 4) FOR STATE REGISTRAR

STATE	OF N	ARY	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

AN WELLI VE	HIGHEN				
F DEATH	1	OREG.	80. 6	7	S
	20	DATE OF DEATH	MONTH	DAY	YE.

	CEASED NAME	FIRST	MIDDLE	- 11201 - 1	LAST		20. DATE OF DEATH	монтн	DAY YEAR	26 HOUR3:0
		MARY	L.	1	VESPA		April 4,			P. A
3 SEX	(	4	. RACE	5. DATE (	OF BIRTH	YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONINS DAYS	HOURS MIN.
-	female		white	Mort	02-29-19			YRS		
	RTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF WHAT COL	INTRY? 8.	D NEVER MARK	RIED 🗆	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	PA		USA	WIDOW		CED 🔲	A11	egany		M
CI	TY OR TOWN OF E	DEATH 1	1. NAME OF HOSPITAL, (#F NOT IN SUCH FACILITY, GIT		OR OTHER INSTITUT	TION	120 USUAL OCCUPA		12b. KIND O	F BUSINESS OR
/	Cumber1a	and	Memorial				housewi			n home
130 S	AL RESIDENCE (IF N	URSING HOME OR O	THER INSTITUTION GIVE RESIDENT Y 134. CITY O		113d. INSIDE CITY L	LIANITS?	13e.STREET ADDRES		DE GG	1940
	WV	Mine		geley	1				ates/267	531
4 FA	THER'S NAME		IDDLE L	AST	15 MOTHER'S MA		ME MIDDLE		LAS	7
			sto Chiappe	lli	FIRST	(nmi			LAS	
	VAS DECEASED EV		ED FORCES? 166. SOCIA	AL SECURITY NO.	17. INFORMANT		ADE	RESS		
	NES NO OR UNKNOWN)	(# 163, 3146		74-2018	Rev. R.	. Art	hur Vespa,	Ridg	eley, WV	
	18 CAUSE OF DE	ATH (Enter only	one couse per line for 19 BY:	1151.99 (5')	./.	11.			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH	I WAS CAUSED IMMEDIATE		NO VYDE	www.	MA	UM			THE WORLD
		TATALED TATE	M	, /	0 1/1					
	Candition it	L. L	DUE TO, OR	AGONY						
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			(c) _ GM	my c	No way	· CV ·	2000			
z	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO	THE TERM	IN AL DISPASE OR CO	NDITION	GIVEN IN PART 11	0
ATIO	19s DATE OF OPE	RATION	THE CONDITION FOR	WHICH OPERATIO	IN WAS DERECTORALE	in.	- I 28s AUTOPSY?	20a IF 1	rES. WERE FINDIN	IGSTISED
CERTIFICATION	The series of the		THE CONTRACT OF	THE TOTAL STREET	TO THE CHINE		VESTI NOX		TIFYING CAUSES	
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-	OR CONTRIBUTING [		HOUR A.M. MON	TH DAY YEAR						
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M	whit	WHAT	(AT HOME, STREET, FACTORY	OFFICE TARM ET	1.1.2		1	. 1 11	COUNTY	STATE
	27x I certify that	or other housests	America Mand	11100	WMS.	16	m	U4	1000	there its formation
		Control of Control of Control of Control	APPENATE F	. 96	nd that in (my) (our	) opinion	death accurred on the	date and h	our and from the	mor (II (we) loo
		rased live on ordinated and	the body after death	-	Mark Caller Control of the Array of	Video correct in	CONTRACTOR OF THE	Some time to	NAME OF TAXABLE PARTY.	CONTRACTOR
1	12h SIGNATURY	41110		16:11:	DEGREE	NDING	MEDICAL ST	AFF	221. PATE	110
	111	mu	uu v	7		SICIAN	POMECTOR   PHYS	ICIAN [	7	7-00
	22d PHYSICIAN'S	NAME ITTECH	rend		22e ADDRESS		ial Hospit		ed. Bldg.	200
	Dr T	Willia	me				rland, MD			
	URIAL, CREMATIO		23b DATE	23c. NAME OF C	EMETERY OR CREA		23d LOCATION			
(	SPECIFY) Buri	al	04-08-1987	Sunset	Memorial	Park	Cumber	land	Allegan	V MD
24. FL	NERAL DIRECTOR		0,00 1707	Julioce	TICHIOTTAL		E REC'D. BY REGISTR			
	Tames F	Scarpol	li, Cumberla	DDRESS	1500	A	PR - 8 198		len Silver	
	Janico I .	SCATHET	TT COMPETTS		1002			0		

The Company Perifful Market Gettier &

OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec

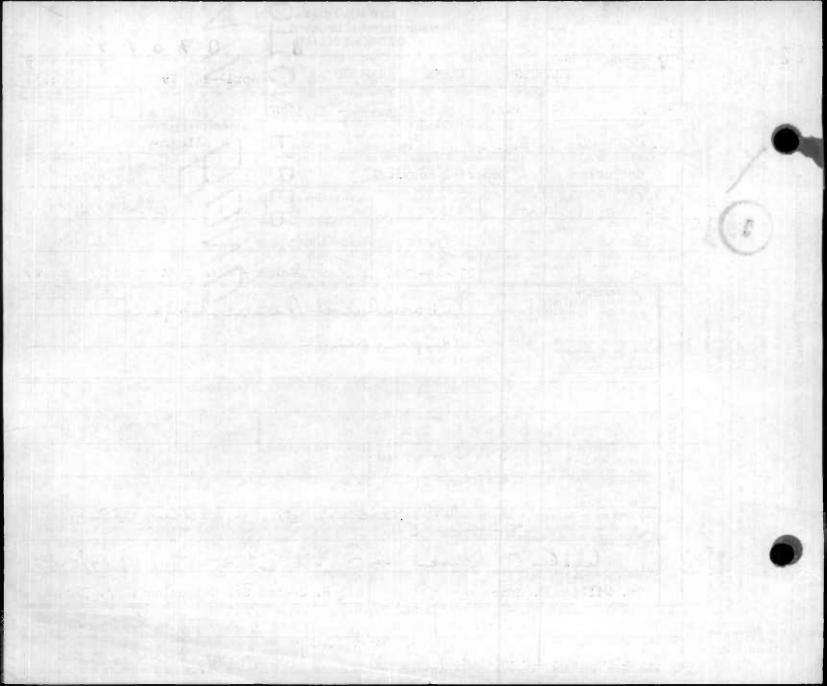
ID FINALIAL DIRECTOR: After this certificate has been signed by the attending physician and though the retoched for use as the buriol-transit permit. Then please remove corbonogaess. Pages of the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal more than the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal medical morked or them. It shows any injury, or other troumatic event, the medical

of director, page 3-7-2 hours ofter death

	STA	TE	OF	M	ARYL	AND	
PARTMENT	OF	HE	ALI	rH	AND	MENTAL	HYC

- 1						STAT	E OF MARYLAND					
	,	FOR			DEPARTA	MENT OF H	EALTH AND MENTA	L HYGIEN	NE			
	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	- 7	OREG. 9	6	7 9	
	1. DEC	CE ASED NAME	FIRST	A	NIDDLE		AST	120			AY YEAR	26 HOUR 10
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					3.2.2323				April 26,		IF UNDER I YEAR	3:25 M
	3. SE			4. RACE		5. DATE O	DAY YEA	AR .	AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
	-	emale		White		Sept	ember 11,19		66	YRS		
1		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	0 0 9	BALTIMORE CITY O		OF DEATH	
1	We	st Virgini	ia /	U.S.A.		WIDOW			A11€	egany		MD.
1	10. CI	TY OR TOWN OF DEA	TH :	11. NAME OF	OSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	N 12	0 USUAL OCCUPATI		12b. KIND C	OF BUSINESS OR
1		Cumberla	nd/	Mem	orial Hos	spital		,	Nurse's A	de.	NUL	sina
Ź	USUA	AL RESIDENCE (IF NURS										W 26114
	13a. S	st Va.	Mine		130 CITY OR TOW	N	13d. INSIDE CITY LIMI	ITS? 13	Route 2, E	ZIP CODE	-A3 /	26726
	-	THER'S NAME	MACHE	ruc	Regset		YES NO D			JOK 75	10 4	20120
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	7	EDward		-	McQuai			2	ADDRE		KOL	eins
7	160 V	VAS DECEASED EVER		WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT					2 1
)		No		-	234-44-2	384	william wo	winer	Address	same		
		18. CAUSE OF DEAT	H (Enter onl	y one couse per	line lar (0), (b), and	d (c). (		1			BETWEEN	ONSET AND DEATH
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1	MEDICAL CERTIFICATION			Luciania		0000.710				Tani is use	14/505 50 10 1	
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1	Ü	210. ACCIDENT WAS UND			FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY O	CCURRED	ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT I OR PART 2)	
	¥	OR CONTRIBUTING		111		19						
	E E	21d. INJURY OCCURE		21e. PLACE	OF INJURY		211. LOCATION		CITY OR TO	tarb I	COUNTY	STATE
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		sow the decease	d alive on	4.20	6 19 2	27 .0	nd that in (my) (our) or	pinion dec	oth occurred on the de	ote and hour		
		obove, (I) (we) (c	did) (did not	) view the body	ofter death.		DEGREE				22c DATE	
		THE SIGNATURE.	00	0.	1	1.	ATTEND	ING	MEDICAL STAI	FF	IN DATE	SIGNED !
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8		22d PHYSICIAN'S NA					22e ADDRESS					
		Dr. Will	iam P	. lames			441 N. Ce	entre	St. Cumbe	rland	, Md. 2	21502
		URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMAT	TORY	23d. LOCATION			
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		or orcente .		c cumbe	occurred, in		- /	APK.	I IMOL W	while girth	and by Marie	

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 . RECHSTRAR DECEASED NAME 20. DATE KNOWN X 25 HOUR TTYPE OR PRINTI OF S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. E), WITHIN 72 HOURS 11/19 87 DEATH MATED Howard Edward Webb 3. SEX 4. RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS HOUR :18 20 DATE LAST BIRTHDAY YEAR PRONOUNCED 2, 42 DEAD 11/19 87 1944 Male White June a M 70 BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Delaware WIDOWED DIVORCED Allegany County, AND 3 TO THE FU 3. RETAIN-PAGE 5 SHOULD BE FILED, N 10 CITY OR TOWN OF DEATH M. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY der HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE! The Memorial Hospital Self-Empolved Land Developer&Buil Cumberland USUAL RESIDENCE HE IN NO 13a. STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS RD1 Box 222E Lewes YES X NO Delaware H. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST E. William Webb Lauretta Morgan 7. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS [YES, NO, OR UNKNOWN] LIF YES, GIVE WAR OR DATES! as #13e Mrs. Myralon S. Webb Same 221-28-1006 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL INTERNATION OF A CONTROLL BE FORWARDED TO THE CHIEF MEDICAL EXAMINATION OF A CONTROLL BE USED AS A BURIAL-TRANSIT PERMIT. A FIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DEBATIMORE, MÁRMAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR ☑ OR UNDERLYING driver of auto/tractor trailor collision 4/11/10/87 CONTRIBUTING CAUSE OF DEATH 12: 20AM 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK West bound Lane Rt. #40, Allegany Co., Md. roadway 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian Accident X death resulted fram: Hamicide Undetermined manner Natural causes TITLE (SPECIFY) **ACTUAL** DATE SIGNED\_ Deputy ChiefedICAL EXAMINER 4/11/87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 4-14-87 Odd Fellows Cemetery Milford, Delaware 24 FUNERAL DIRECTOR in Dividor Rondres (VR A15 ME (5)) Leonard J. Ruck. Inc. Baltimore.

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HYGIENE

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	CE	RT	IFIC	ATE	OF	DEAT	H

1.	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	GIENE OREG. S	6.6	8 1	
	CEASED NAME	FIRST		MIDDLE	Į.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(TYPE	E OR PRINT)	DELPH	INE	ARBUTUS	WE	ELSH	April 5,	1987		11:20A M
3. SE	х		RACE		5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	
	female		white		MONTH	02-26-1920 YEAR	67	YRS.	MONTHS DATS	HOURS MIN.
	IRTHPLACE (STATE O	R FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8 AAA PDIE	D NEVER MARRIED	9. BALTIMORE CITY	R COUNT	Y OF DEATH	
	WV		USA		WIDOWE		Allegany			MD
	ity or town of bi imberland		(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET 1 Hospita	ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) retired		HE INDUSTRY	of BUSINESS OR tile
130. 3	AL RESIDENCE (# NU STATE MD	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumber 1	N .	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌		/zıp cod lumbia	a Stree	t/21502
.14. F/	ATHER'S NAME FIRST		0. Mye	ers		15. MOTHER'S MAIDEN NA FIRST EMMA	a L. Crabtre		Ţ	AST
	WAS DECEASED EVE		NED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
	no	(11 163, 0176	WAN ON DATES!	220-10-0	180	Mrs. Eleanor	Reitmeier,			MD
	gave rise ta in cause (a), statunderlying cau	ting the se lost.	(c)_	R AS A CONSEQUE 2	NCE OF	WELLEYS THE TERM		IDIT <b>IO</b> N GI	IVEN IN PART 1	l (a ·
CERTIFICATION	19a DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	IN CERT	ES, WERE FIND IFYING CAUSE (ES []	
	2 to ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEAL	"		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCU	WHILE ORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	22a.1 certify that ( saw the deced abave, (1) (we)					nd that in (my) (our) opinion	death occurred an the o	S late and ha		
	22b. SIGNATURE	214	800	les	N		DIRECTOR PHYSI	CIAN 🗌	4/	6/87
	Dr. Thad						rial Hospit erland, MD			ldg.
	BURIAL, CREMATION (SPECIFY) Buria		23h DATE 04-08			EMETERY OR CREMATORY  Memorial Par	23d LOCATION CITY OF TOWN	and /	COUNTY	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR should be detacted for with the State Diest of the MPORTANT. If Nem 21 is

TO HOSPITAL CIR etained by the

24 FUNERAL DIRECTOR
NAME
James F. Scarpelli, Cumberland, MD 21502

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Democracka

4/14 16/8-898

		IL OI III	MILLE	MIND	
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE

	POR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	GIENE OREG. S	o. 6 8	2	
ľ	1. DECEASED NAME FIRST (TYPE OR PRINT)	RY EUGEN	MIDDLE	1	AST	20. DATE OF DEATH 4 29 87	MONTH DAY	YEAR 21	8:03 at
ŀ			E MUTTE				THDAY) IF UNDER	) ME AD . III	FUNDER 24 HRS
l	Male Male	4 RACE	White	5. DATE C		6 AGE (IN YEARS LAST BIRT	YRS.	DAYS F	HOURS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	DIVORCED	P BALTIMORE CITY O		ATH	MD.
	Oumberland	(IF NOT IN SUC	cred Hear	rt Hos	or other institution  Spital	120. USUAL OCCUPATH (TYPE OF WORK FOR MOSTO retired	ON 12b K FWPRKING LIFE INDU Celares	IND OF E	ect.
1		ROTHER INSTITUTION NTY egany	IN CITY OR TOW		136 INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRESS / 916 Center	ZIP CODE  Street /	/ 21	502
1	14. FATHER'S NAME FIRST  Edward	MIDDLE	White		15. MOTHER'S MAIDEN NA Lizzie	ME	Glenn	LAST	
7	160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
I	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	234-09	-763	O Alberta F	. White -	same as	s ab	ove
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	TE CAUSE (0) (b) (c) (c)	Ardia  RAS A CONSEQUE  RAS A CONSEQUE  ONTRIBUTING TO D	ENCE OF	CANSTOCK  NOT RELATED TO THE TERM				New
	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C.	AUSES O	
,	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR				
	21d INJURY OCCURRED  WHILE ONOT WHILE OAT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION STREET	CITY OR TO	wn cou	NTY	STATE
	220.1 certify that (1) this hosp sow the deceased alive a oboyer (1) (wg) (did) (did n	DOA	19	4/2	nd that in (my) (our) opinion	deoth occurred on the de	ote and hour and fre	2, the	of (I) (we) lost
	The stone of forthe	A-Ci	witin		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI	FF ER	1/29	GNED 7
	AVA JOUBE	ORPRINT) RT-CUR	TIS, MD		Sacred How	or Hospital	Emergen	icy !	Rin
	230 BURIAL, CREMATION, REMOVA ISPECIFY) BUrial				emetery or crematory dale Mem. Pa	23d LOCATION CITY OR TOWN TR Grafto	n, Taylo	or,	W. VA

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If Nem 21 is marked as TO FUNERAL DIFECTOR Alternative should be detached for vite at the with the State Dept of Health and

John J. Hafer, Jr. LaVale, MD

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U					A Constitution of the Cons

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24 FUNERAL DIRECTOR
Kight Funeral Home; Cumberland, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	0 6	2	1
1	REO. NO.	0	· No

		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR
	(TYPE	Charalas	F.	Whi	tman			
	3. SEX	Charles	4 RACE	15000	OF BIRTH	April 26 1		8.18 aM
				MONT			MONTHS DAYS	
1	_	1a l e	Caucasian	Dec.	11, 1900		YRS	
4	Jar BIF	RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO		
7		MD	USA	WIDOW		Aklegany		MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120. USUAL OCCUPATION		OF BUSINESS OR
)		ternport	Moran Manor N	ursina		Ret Painte	rSelf-e	nployed
-	130 S	1,00 000.	VTY 13c. CITY OR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2	15 40
į.		MD Alle	gany Cumber	land	YES NO [	Rt. 3. Box 14	1-A	1002
/	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE		ACT
		John	Whitman		Effie	MIDDLE	Frost	N.31
		AS DECEASED EVER IN U.S. AR		SECURITY NO.	17_INFORMANT	ADDRESS		
	{Y	ES, NO OR UNKNOWN) (IF YES, GIVE	217-10	-1687	Dianne Huf	f Laure	1, MD	
		18. CAUSE OF DEATH (Enter on	nly one couse per line for 10), (b	), and (c).)	/		APPRO	DXIMATE INTERVAL N ONSET AND DEATH
1		PART I. DEATH WAS CAUSE	TE CAUSE (0)	2 dence	when and	1		
		IMMEDIA						
	1	Conditions, if any, which	DUE TO, OR AS A CONSI	equence of	Allen desire	4 Street Con	leni:	
	33	gove rise to immediate	) (3)	,			7.20	
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	SILL OF	1		1. A	4
			(c)		Cross name of	- the autorite	4211	VI
	Z	PART 2. OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING	TO DEATH BU	I NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART I	(0,
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FIND	
	TIFIC					YES NO	CERTIFYING CAUSE YES	S OF DEATH?
	E.	210. ACCIDENT WAS UNDERLYING	LICUIA A M. MONITH	DAY VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DEA		DAT YEAR				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION			
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this haspi	tal) attended the deceased fr	om		, to	. 19	, that (I) (we) lost
		sow the deceased alive on	at) view the body after death.	19, o	nd that in (my) (our) opinion	death accurred on the date on		
	173	226. SIGNATURE	17 HEW THE BOOY OTHER GEOME.		DEGREE		22c. DAT	E SIGNED
		JOHN K	7-11,		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [	1 4-6	26-87
	5	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS MOT	an Manor		HILLS
		rational Salar			Westernpo			
		URIAL, CREMATION, REMOVAL	23b. DATE	23r. NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	CYATE
	15	Burial	Apr.29,198	7 Hill	crest Buria	1 P Cumberl	and Alle	egany MD
	24 FU	INERAL DIRECTOR			259 DAT	FRE TO TREGISTRAR 256/R	GISTRAR'S SIGNA	LIURE
	Ki	ght Funeral Hom	e: Cumberland	. MD	JYLANY	2 1901 Small 10	Carried A. Manage	

DHMH-16 60M 1/73

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending in should be detached for use as the burial-transit permit. Then please remaye carbent with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or nem IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic.

(VRA 15(4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician L'ELECTRICAL DE LA CONTRE LE LA CONTRE LA CONTRE LE LA CONTRE LE LA CONTRE LE LA CONTRE LE LA CONTRE LA CONTRE LE LA CONTRE LA CONTRE

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John Mitham Milit Dans.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			C	ERT	<b>IF</b>	IC	A	TE	OF	DE	AT	H

REGISTRAR			CERTIFICATE OF DEATH	1	OREG. DO	0. 0	Ö	bee		
1. DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE	OF DEATH	MONTH	DAY	YEAR	26. HOU	
LEO		WILLIAM	WILLISON	ISON April 1, 1987					11:35 <sub>A</sub>	
3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (	IN YEARS LAST BIRT	HDAY)	IF UNDE	IF UNDER I YEAR		24 HRS
male		white	08-16-1919		67	YRS.	MONTHS	DAYS	HOURS	MIN.
76. BIRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIA	MORE CITY O	R COUNT	Y OF DE	ATH		
WV		USA	WIDOWED DIVORCED	□   A11	egany					MD
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSII  (IF NOT IN SUCH FACILITY, GIVE STREET			G HOME OR OTHER INSTITUTION	120 USU/	AL OCCUPATION			KIND OI	F BUSINE	SSOR
Cumberland Memorial Hospita		al al	ret	ired		lti	mber	cut	tter	

Cumberland	Memori	al Hospital		retired .
SUAL RESIDENCE (IF NO. 30. STATE	ISSING HOME OR OTHER INSTITUTION 136/COUNTY Mineral	130. CITY OR TOWN Fort Ashby	13d Inside City Limits?	13e.STREET ADDRESS / ZIP CODE NONE / 26719
FATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	AME

(YES, NO OR UNKNOWN)	(#FYES, GIVE WAR OR DATES)	220-10-7901	Mrs. Op	al Willison	. Fort A	Ashby.	WV-wife
18. CAUSE OF DEAT PART I. DEATH V	TH (Enter only one couse per VAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (0), (b), and (c)	in las 1	ibillation			APPROXIMATE INTERVA BETWEEN ONSET AND DE
Conditions if an	DUE TO, O	RAS A CONSEQUENCE OF	55ile 1	ocadiel.	Toler	fron	

gove rise to immediate (o), stoting underlying cause

96. CONDITION FOR WHICH OPERATION WAS PERFORMENT 70a AUTOPSY? JE YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e. PLACE OF INJURY

Susie Pyles

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

211 LOCATION CITY OR TOWN COUNTY

sow the deceased alive on \_\_\_\_\_\_,
above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE

22d. PHYSICIAN'S NAME (TYPE OF

MEDICAL STAFF
DIRECTOR PHYSICIAN 22e. ADDRESS

22c. DATE SIGNED

Dr. Ranjithan

Memorial Hospital Medical Bldg. Cumberland, MD 21502

50.		CREMATION, REMOVAL	230.
	(SPECIFY)	Burial	0

23c NAME OF CEMETERY OR CREMATORY Fort Ashby Cemetery

23d. LOCATION CITY OR TOWN

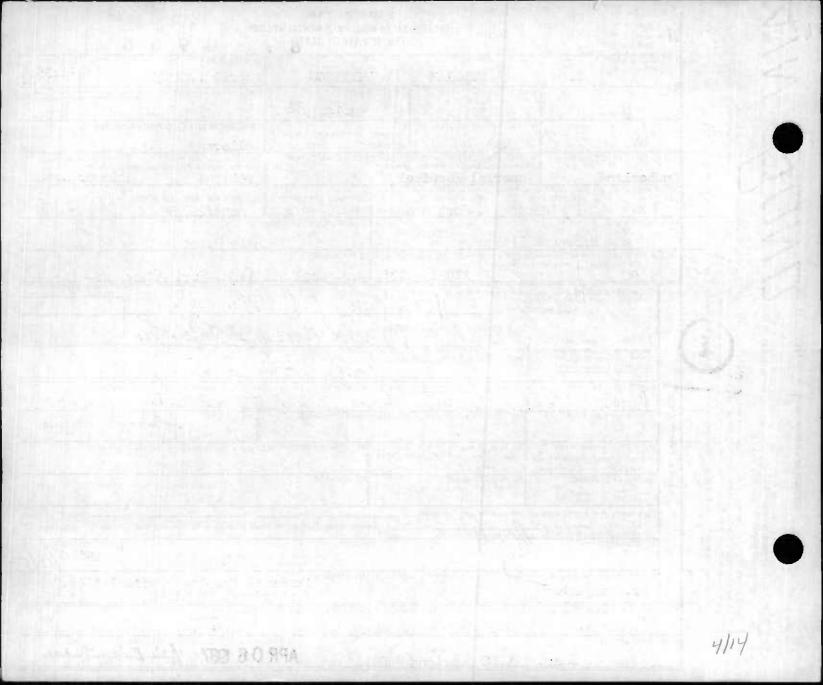
24. FUNERAL DIRECTOR

James F. Scarpelli, Cumberland

TY Fort Ashby Mineral La 250 DATE REC'D. BY REGISTRAR'S SIGNATURE Julia Divideon Pandall

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT



	1 -	STATE 31 Jone					ICATE OF DEATH		0	9 6	8 5	
	1 DE	REGISTRAR Pie	dmont,	WV 26	757		AST	V (	DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
o o o o o o o o o o o o o o o o o o o		OR PRINT	odrow	N/	M/N	Wil	son	20.	April 7.			11:15PA
poge poge	3. SE			ACE	,,,,,	5. DATE O		6. 4	GE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
503/6		Male		Cau.		Tura	2 30.1912 YE	AR	71		INTHS DAYS	HOURS MIN.
50369 APR H	76BI	RTHPLACE (STATE OR FO	REIGN 7h (		WHAT COUNT	RY? B		_ 9 P	ALTIMORE CITY Q	R COUNTY C	OF DEATH	
# ER # 5		OUNTRY)				MARRIE	D NEVER MARRIE					
# 53/4	10 C	W.Va.	н 11	U.S.A		WIDOWI	DIVORCE  OR OTHER INSTITUTION		USUAL OCCUPATI	any Co		F BUSINESS OR
4 43 45	1		1	(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)		(TY	PE OF WORK FOR MOST C	F WORKING LIFE)		F BUSINESS OK
京 诗外		LUMBERLAND				t Hospi	tal	Re	et. Mecha	ric	Paper	L Co.
2 3			36 COUNTY		13c. CITY OR T	OWN	13d. INSIDE CITY LIM		STREET ADDRESS		9	1999
4 : 11 QU		1.Va.	Minera	al	Piedmo	ont	YES X NO		104 E. Hai	npshire	2 St/	26750/
E 1 15 100	14 FZ	THER'S NAME FIRST	MIDE		LAST		15. MOTHER'S MAID		MIDDLE		LAS	1
1 1 1		James		lbert		lson_		mima			illiam	son
# 1 m		VAS DECEASED EVER IN	U.S. ARMED		166 SOCIALS		17 INFORMANT		Rt.#P	Box 40	2	
· 日周期 1		Yes	WW I	I	21705	0337	Woodrow C	. Wil	son wester	inport.	Md.	21562
3 1 4 4 5 T		18 CAUSE OF DEATH	(Enter only o	ne couse per	line for (a), (b	, and (c'.)	)	77	^		BETWEEN	MATE INTERVAL ONSET AND DEATH
1 2 2 2		PART I. DE ATH WA	MMEDIATE C			10	espirato	y ra	ilure	200	48	hrs
NO 4 parity article of the ce				DUE TO. O	R AS A CONSE	QUENCE OF	13. 100	7	10		Pr.	00
EST Seon trans-		Conditions, if any,		(b)			End Stage	e em	Duy semo	_	89	144
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	15.5	gave rise to imme cause (a), stating		DUE TO O	R AS A CONSE	OUENCE OF	9		V			9
W to the other		underlying cause	last	(c)	N AS A COLOR	GOETTEE OF						
20 and		PART 2 OTHER SIGNS	FICANT CON	IDITIONS CO	ONTRIBUTING	TO DE ATH BUT	NOT RELATED TO TH	IE TERMINA	L DISEASE OR CON	DITION GIVE	N IN PART 110	o ·
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DIVISION OF VITAL RECORDS.  NG PHYSICIAN. The low requirementaling physicion.  The this serificials has been lift on the boundstreaming permit. Then the and Mental Hyppene prior to backed or treat it shows only injury.	CERTIFICATION	19a DATE OF OPERATE	ON	196. COND	TION FOR WH	IICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?		WERE FINDIN	
hos hos	TE								YES NO NO	YES		NO [
Z 3 3 5 5 0	GE	218. ACCIDENT WAS UNDE		216. TIME O		DAY YEAR	21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM IB PAR	IT I OR PART 2)	
8 30 151	¥	OR CONTRIBUTING CA		P.		DAT TEAR	The Latest Annual Control					
S S S S S S S S S S S S S S S S S S S	MEDICAL	21d. INJURY OCCURRE		21e. PLACE	OF INJURY		211. LOCATION		CITY OR TO	wN	COUNTY	STATE
N 00 9 10 3	Z	WHILE NOT WHILE	E 🔲	( AT HOME, STE	REET, FACTORY, OFF	ICE, FARM ETC.)	SIRRET	0_	11-		D	3101
B 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		22s.1 certify that (I) (I		attended #h	e_deceased fro	om On T	19	31	10_4	, 19	0	that (I) (we) last
- AP 0 24 2		saw the deceased	alive on	41		A 1	nd that in (my) (our) o	pinion deat	h occurred on the d	ate and haur o	and from the	causes stated
A S WE S S		above, (I) (we) (di	dy (dyarnat) vi	ew the body	after death.		DEGREE	1		17	224. DATE	SIGNED
0 0 0 0 0 0 0 0		10	0	cttu	will Me	- MI	ATTEND PHYSIC		REDICAL STA		19-17	187
14 8 45 X T		224. PHYSICIAN'S NA	ME (TYPE OR PRI	INT)			22e. ADDRESS	1				1
5 5 5 5 6		Dr. Ric	hard S	chmitt			900 Set	on Dr	ive, Cumb	arland	MD 2	1502
21 22 3	23e. I	BURIAL, CREMATION, R		3b. DATE		23c. NAME OF C	EMETERY OR CREMA		23d. LOCATION	-LIQUU	ELD Z	1302
9998199		Burial		pr.10			ter's Ceme		CITY OR TOWN	nt. AP	POO	Marulan
17/11/	24 F	JNERAL DIRECTOR					2	25a. DATE RE		25b. REGISTR		
(VRA 15, 4)	F	redlock Fur	eral +	tome.	Piedmon	it. W. Va	26750	APR 1	0 1987	Julia Da	)0 ( ) ( ) ( ) ( )	white .
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Fredlock Funeral Home

1- STATE 31 Jones Street

Tited out, at 267.57 15:1590 4/16 Allegant County, Sacred Feart Foundary 217030327 pharman. Take a manual kan . Dr. Holmed Semmet 900 Secon Drive, Comberland, No 21502

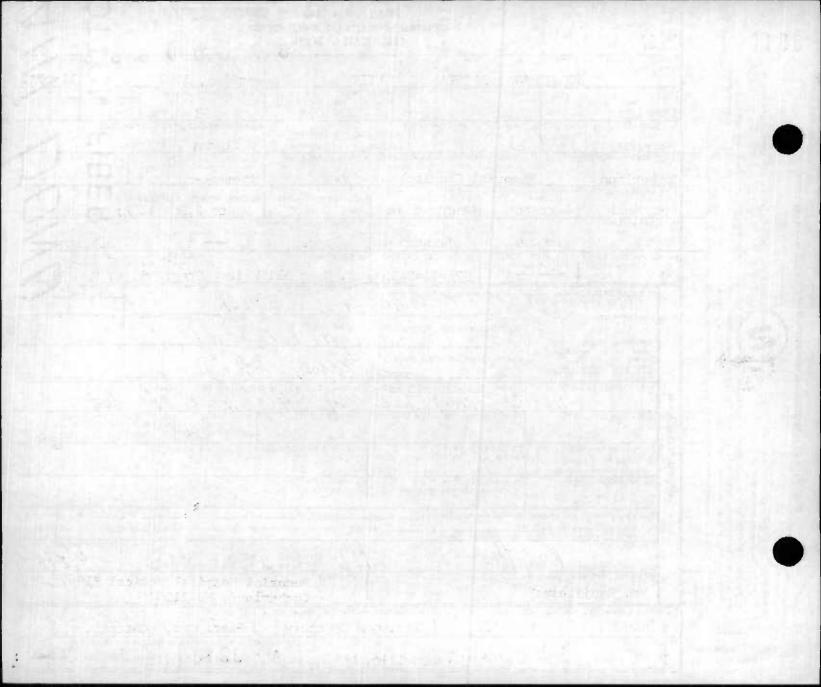
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DEPARTMENT	OF HEALT	H AND A	MENTAL	HYGIENE
CI	RTIFICA	TE OF D	EATH	2 /

R		FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH		NO <sub>D</sub>	ć3 /	
		CEASED NAME	FIRST	,	AIDDLE	ı	AST	To DATE OF DEATH	MONTH OD	AY YEARO	26 HOUR
			JOSEP	HINE A	LTHEA	W.	ILT	April 6,			11:07A
3	. SEX			4. RACE		5. DATE C		6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	HOURS MIN.
L	Fér	mal <b>x</b> e		White		MONIE	9/7/1934	53	YRS.		
7	g. BII	RTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D W NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
		ryland	A	USA		WIDOWE		Allegany	, I I I I I I	-0.40	MD
1	0. CI	TY OR TOWN OF DEA	ATH /		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUP			BUSINESS OR
		berland	1	Memoria	1 Hospita	al.		Homemake			Home
5 P	30. S	IL RESIDENCE (IE NURS TATE CVland	131 COUR Garr	VIY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Grantsvi	'N	13d. INSIDE CITY LIMITS?	130.STREET ADDRES			18.7%
-		THER'S NAME	Cari			.110	15. MOTHER'S MAIDEN NA	ME		In, LI	750
(V	P	vis	The	MIDDLE	HOOVE	r	Freda	MIDDL	É	Bitti	nger
-	3000	AS DECEASED EVER			16b. SOCIAL SECU		17 INFORMANT	69	Stitle 2,		
4	Vo	ES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES	376=34=	2/35	Mr. Marshall		rantsvi]		21536
F		A CAUSE OF DEAT	M.F.	.1			The raishair	WIIC G	ancsvii		NATE INTERVAL
1		PART I. DEATH W		TE CAUSE (a)	line for (or (b), or	DI06	ENIC S	HOCK		BETWEEN OF	NSET AND DEATH
		Conditions, if ony, gave rise to imm cause (a), statin underlying cause	nediate ng the last.	(b)	R AS A CONSEQUE	ENJE OF	Myoradist	Artey Do	exe		
2	TIFICATION	PART 2. OTHER SIGN	1)10	fette	Keral	faily	NOT RELATED TO THE TERM	Vasal  200 AUTOPSY?  YES NO	206. IF YES, IN CERTIFY	, WERE FINDING YING CAUSES O	GS USED
7	AL CERT	21g ACCIDENT WAS UNE	CAUSE OF DE	A111	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM IB PA	ART I OR PART 2)	1
	MEDIC	21d. INJURY OCCUR	RED	21e. PLACE			211 LOCATION STREET	CITY C	R TOWN	COUNTY	STATE
1			ed alive or		19		, 19, 19	, to death occurred on th		and from the co	
		22b. SIGNATURE	K	nillas			ATTENDING PHYSICIAN	MEDICAL DIRECTOR PHY	STAFF YSICIAN []	221 DATES	18/87
		Dr. Ranj:		V			220. ADDRESS Memor: Cumbe	ial Hospit	al Medi 21502	cal Bld	g!
1	3e. B	URIAL, CREMATION,	REMOVAL	236. DATE 4/9/8			EMETERY OR CREMATORY	23d LOCATION	N	COUNTY	STATE
1		NERALDIRECTOR		4/9/0	/ B1	LUTING	er Cemetery	Bitting		rrett,	MD
1	N	JAMES TOR	D	eima	Grants	ville	, MD A	R 22 198		Deriden.	

DHMH - 16 60M 7/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: An chauld be detached for use or with the State Dept. of Health

MPORTANT, If hem 21 is marked or he



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

BP. DHMH - 16 60M

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executed within 24 hours after death. Page 4 may be

ecc.		OR PRINT)	WIDDLE	Vode	LAST	20 DATE OF DEATH MO	OO7	YEAR 26 HOUR
	3. SEX	Oma_	4 RACE	Yode S. DATE	OF BIRTH	April 29, 19		9:30P A
200		male	White	MON	0/ 8/ 1901	85	YRS.	S DAYS HOURS MIN.
TE	7a B)	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRI	ED X NEVER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF D	EATH
-1	3	TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NU (# NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)	OR OTHER INSTITUTION	Allegany Con	121	KIND OF BUSINESS OR DUSTRY
	-	M Cumberland	Sacred Heart	Hospit	tal	Homemaker		Own Home
34	130. S Mar	AL RESIDENCE (IF NURSING HOME OF STATE STATE Garre	NTY 13c. CITY OR		YES NO X	Route 1, Box		21536
10	M FA Eli	THER'S NAME FIRST	MIDDLE LAST Yode	er	15 MOTHER'S MAIDEN NA FIRST Dora	MIDDLE		Hostetler
1	160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORMANT	Route APDRES	ox 176	
The same of the sa	No	TES NO OR DIAKAGONIA)	214622	2740	Milton Yoder	Grantsville	e, MD	21536  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	-	1 X 5 X 5	DUE TO OR AS A CONSI	EMENICE OF	20.10	-		
G	J HCATION	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CONSI	TO DEVIN BU	IT NOT RELATED TO THE TERM	Dis. Tox	icely	RE FINDINGS USED CAUSES OF DEATH?
9	1 CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSI	TO DEMAND BU	IT NOT RELATED TO THE TERM  MECCLES  ON WAS PERFORMED  216. HOW INJURY OCCUR	MINAL DISEASE OR CONDIT	OB IF YES, YER N CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
Item 18 shows any injury, ar other tro	MEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTEY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AL WORK ALL WORK	DUE TO, OR AS A CONSI	TO DEATH BU	NE COLOR ON WAS PERFORMED  210. HOW INJURY OCCUR	700 UOPSY? 21	DOD. IF YES, VEF N CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
f. if hence is marked or them 18 shows any injury, or other traumatic		gove rise to immediate couse to 1, stating the underlying couse lost, and the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE TID INJURY OCCURRED  WHILE AL WORK AL WORK  22a. I certify that (I) (this hosp sow the deceased alive of the country of the deceased olive of the country of	DUE TO, OR AS A CONSI  CONDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR  DOM: FICE, FARM, ETC.]	TNOT RELATED TO THE TERM  COLOR  ON WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION  STREET  AND those in (my) (our) opinion  DEGREE  ATTENDING	TO STAFF	10b. IF YES, YER N CERTIFYING YES NITEM 18 PART 1 O	RE FINDINGS USED CAUSES OF DEATH? NO  DRPART 2) OUNTY STATE
hence is morked or item 18 shows any injury, or other tro	MEDICAL	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFIC NT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE AT WORK NOTHER DATE OF THE NOTHY OF THE NOT	DUE TO, OR AS A CONSI  CONDITIONS CONTRIBUTING  19b. CONDITION FOR WE  19b. CONDITION FOR WE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR  DAY YEAR  19  THICK, FARM, ETC. 1	216. HOW INJURY OCCUR 216 LOCATION 216 LOCATION 216 LOCATION 217 LOCATION 218 ATTENDING PHYSICIAN 226 ADDRESS	TO DISEASE OR CONDITED TO THE DESTRUCTION OF THE DE	OB. IF YES, YER N CERTIFYING YES  NITEM 18 PART 1 O	OUNTY STATE  , that (I) (we) los from the causes stated

FOR JOSE 2017 PRODUCTION OF THE CONTROL OF THE CONT Toder April 29, 1987 2:308 Allegang County, Lastyne Name Hants of the Lastyne Lastyn 21464224Q - 514 9-4 - 15 the state of the s 4 5cv 1 1 1 1 C Hotel of Description with the second of the S MRIS CP hereing to a part to a fact the compact and the compac 4.